the funeral es 1 and 2 after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03649
CERTIFICATE OF DEATH

-	000-					103	
1.	a. COUNTY	Н		2. USUAL RESIDENCE		COUNTY	sidence before admission)
_		ecil	MARYLAND	Mo	i.	Ke	
	b. CITY OR TOW write RURAL	N (if outside corporate limits and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate ilm	its, write RURAL a	and give nearest fown)
	Elkton			Galena		1	4-2
	d. NAME OF HO	SPITAL OR INSTITUTION (if not	t in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_	Union Ho	*					YES NO
Э.	DECEASED	First	Middle	Last	4. DATE	Month	Day Year
-	(Type or print)	Lillian	В.	Anderson	DEATH M	arch	28, 19 66
1	SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	l last birt		YEAR IF UNDER 24 HRS.
	emale	11-1-1	WED DIVORCED	July 5, 1895	5 70	yrs.	Jays Hours IVIII.
10	a. USUAL OCCUPAT	FION (Give kind of work done) 1:	Ob. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign	country) 12. CIT	TIZEN OF WHAT
	Housewife		wn Home	England			5.A.
13	3. FATHER'S NAM	IE		14. MOTHER'S MAIL	EN NAME		
	Thomas Bo	Wars		Elizabeth	Hanson		
1	5. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Husband.	Address	
0	res, no, or unkown)	(If yes give war or dates of service)	184-03-8507 Ax	an Implement		Cal	W. 97095
	No.	DEATH [Enter only one cause	1 4 4 4	el T. Anders	son,	Galena	Md. 21635
		EATH WAS CAUSED BY:			-7 - Fat 7 -	obe]	ONSET AND DEATH
П	23/1	IMMEDIATE CAUSE (a)	Intra-cerebra	1 hemorran	JeTeler To	The 1	WE
	2017	DUE TO					
	Conditions, If						
	cause (a), si	DATE TO					
	underlying caus						
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT REL			VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT	senil	ity Areter	iosclerotic be	art diseas	se.		YES NOT
昌	20a. ACCIDENT	WAS TINDERLYING THE 120	DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of	Injury In Part I or Pa	rt II of Item 18.)	
CER	OR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)					
			Od. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fa	rm. 20f. (City or to	nuo3) (Coun	(State)
MEDICAL	Hour a.r	n. V	While Not While facto	ory, street, office bldg., e	tc.)	,	**
Σ			work at work		i- (- 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i - 1 i -	5.73	9
			tended the deceased from		900 to 20 M		that (I) (we) last
		ceased alive on	19.66, and tha	t death occurred at_			
	22a. SIGNATUI	Y// Allian	//	ATTENDING -	MED STAFF		TE SIGNED
	600	all our	CLECY M.I	D. PHYS.	DIRECTOR PHYS.	D 28	d Mar 60
	22c. PHYSICIA NAME (T)		enshain. M.D.	22d. ADDRESS	Md. 21913		
_							
23	a. BURIAL, CREM	notex)			23d. LOCATION (-14.8
	Burial (Spe				Galena,	Kent Co	
2	4. FUNERAL DIRE	CTOR HAM	MADDRESS	25a. REC	R 3 0 1966		SIGNATURE OF CHARLES

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

000100 Last Color Valley finited postables F 14(F) Jaly , 1995 70 AND STAN -başfam manife and (cumpaths noncall (Sud-11) sevent accent let-01-Eur de C. nameux, edition of the White and the same of the same The transfer of the state of th

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of H≡alth prior to burial, αrαmation, or ramoval, and in any ≡vent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

	MARYLANI	D STATE DEPAR	TMENT OF	HEALTH	
DIVISION OF S	TATISTICAL RESEARCH	AND RECORDS, 301	W. PRESTON	STREET, BALTIM	DRE 1, MARYLAN
03850		ERTIFICATE C			03641

· Aud	03850		ICAL RE	SEARCH AND REC		301 W. PRESTOR	•	TIMORE 1, M	ARYLAND .
1.	PLACE DF DEAT			MARYL		a. STATE Maryla:	nd	. COUNTY Ced	
	b. CITY OR TOW write RURAL	N (if outside corpor and give nearest to	ate limits, wn)	2 MONTH				nits, write RURAL	and give nearest town)
	d. NAME OF HO	SPITAL OR INSTITUT		in hospital, give street ad n Hospital	dress)	d. STREET ADDRESS			ON A FARM?
				-			Box 217A		YES NO X
	NAME DF DECEASED (Type or print)	WII	First LLIAM	Middle RAYMo		Last ARBUCKLE		Month RCH 3	19 66
5,	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	□ 8	. DATE OF BIRTH	9. ACE (In		YEAR IF UNDER 24 HRS.
	Male	White	WIDOV	VED DIVORCED		3-13-89	76	yrs. Months	Days Hours Min.
10a dui	. USUAL OCCUPAT	TIDN (Give kind of wor ling life, even if reti	ed)	D. KIND OF BUSINESS DR INDUSTRY		11. BIRTHPLACE (Co	unty & State, or foreign	country) 12. Cl	TIZEN OF WHAT
10	Carpente FATHER'S NAM	er (Retire	ed)			Cecil Co		U	.S.A.
13		Arbuckle	(D)			14. MOTHER'S MAID			
15	. WAS DECEASED	EVER IN U.S. ARMED I	DRCES?	16. SDCIAL SECURITY ND.	17.	INFORMANT		Address	
(1)	Yes	WW I	or service)	Unknown	VA	Hospital B	Records. P	erry Poi	nt, Md.
	18. CAUSE DF	DEATH [Enter only o	ne cause p	per line for (a), (b), and (c)			•		INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED E	Y: T	JREMIA	-				PINSET AND DEATH
	609	IMMEDIATE CAUS	_ (0)	OT ITH THE					4-0 1115
	Conditions, if	any, which }	(b) II	NFECTED CYSSI	C RI	GHT KIDNEY(PYONEPHROS:	is)	4-6 Wks
	gave rise to cause (a), si underlying caus	tating the DU	E TD RE	ECURRENT URIN	ARY	TRACT INFEC	TION		Months
NO	PART II. DTHER S	SICNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUTN	OT RELAT	TED TO THE TERMINAL D	ISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT	CEREBI	RAL INFARC	TION.	Right side o	f Br	ainIt Nephr	ectomy for	CA	YES ND
CERTIFICATION	20a ACCIDENT	WAS UNDERLYING TING CAUSE OF DETIFY MEDICAL EXAM	1 1 20	b. DESCRIBE HOW INJUR					
MEDICAL	20c. TIME DF Hour a.r p.i		W	hile Not White work at work	De. PLAC factor	y, street, office bidg., et	(c.)	,	nty) (State)
	21. I certii	fy that OF (this ho	spital) att	ended the deceased from	om_De	ec. 31 19	65 to Marc	h 3 196	6 KANKKANAK
	SMACHING	ROBOR & MINOROD X	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nd that	death occurred at 1	2: M5from the c	auses and on th	e date stated above.
	22a. SICNATU		A.B	age	M.D.	ATTENDING A	PM MED. STAFF	22b. DA	TE SIGNED
	22c. PHYSICIA NAME (T)	ALEXANDER	A. BO	YTAR, M.D.		22d. ADDRESS	tal, Perr		Md.
23	BURIAL CREW	ATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
	Remove T	ATION, 23b. DATE	46,19	65 CHERRY	HU	METH	CHERRY	41LL MA	RULAND
	I MIAA	411. 6/20	ele	ADORESS '	2	25a REC	D BY REGISTRAN 2		SIGNATURE
	rant Fu	neral Home	B NO	rth East, Ma	LAT	and DATE	10.00	11	4 0

. Maria Maria 10.15m (25m) Tarage Arts again book and serve manufacture of the second efull efull . 24 . . A L. BAT - Barthall offeren 401 sideson in inspect ervice I in art The services december and the office of Green Committee (So respectively the tipe market BORROOM FORM MICHIGAN STREET, LA 1. 6. or a lagration of thems to clear that a first while without or of Larry 1 4 so as ARTHUR A SOTOL TO the chart of the property of the contract of t

the state of the state of the second second second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in accordance, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U	300x			CERTIFIC	CATI	E UF DEATI	П		Anb	41		
1. PLA	CE OF DEATH					2. USUAL RESIDEN	ICE (Where decease	sed lived, If in	stitution: R	esidence l	before ad	mission)
	YTHUO			MANA	1840	a. STATE	rict of	b. coul				V
b. 0	acil	(if outside corpora	te limits.	MARYL c. LENGTH OF STAY		c. CITY OR TOWN (I	f putside corpo	rate limits, w	ite RURAL	and give	neares	t town)
1	write RURAL a	nd give nearest tow	in)	-0 -					1	10	9	
	erry Po		M) 418 A 1- B -	58 days		Washing	ton			1 -	IS RES	LOENCE
u. r	NAME OF HUSE	THAL UK INSTITUTIO	AN (IT NOT IN NO	ospital, give street ad	iaress)	g. STREET AUDRESS				0.	ON A F	ARM?
V	eterans	a Administ	tration	Hospita	1	802 Eve	Street			YI	ES 🗌	NO -
3. NAN	ME OF CEASED	Fi	irst	Middle		Last	4. DATE	Mont	h	Day	Yea	ir
	pe or print)		JOHN	H.	B/	ACKING	DEATH	March	1	2	19	66
5. SEX		6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEC		B. DATE OF BIRTH	9. A	GF /In years	LEUNDER			
M	ale	White	WIDOWED	DIVORCED		9-17-89	76	ast birthday)	Months	Oays	Hours	Min.
		ON (Give kind of work		IND OF BUSINESS OR		1 11. BIRTHPLACE (County & State, or	1001) 12. Cl	TIZEN O	F WHAT	
during n	most of workin	g life, even If retire	d) In	NDUSTRY					CC	DUNTRY?		
	Chroom THER'S NAME	Employee	1			Alexandr:		ginia	U	.S.A		
19. FA	THER'S NAME		_			14. MUTHER'S MAI	UEN NAME					
	ohn Bac		D)			Julia B	urk (1					
15. WA	S DECEASED EN	/ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	. 17.	INFORMANT		Addre	55			
	es	WW I		79-09-8048	VA	Hospital !	Records.	Perry	r Poi	nt.	Md.	
		EATH [Enter only on		ine for (a), (b), and (c)	-					INTER	VAL BET	
1		TH WAS CAUSED BY	Bnos			bilatera	7				T AND D	
1	110	IMMEDIATE CAUSE	(a)	испорнецью	HLA	DITTORIA	<u></u>			0-1	.0 u	ajo
	4200	OUE	TO Amb	omi cecleno	+40	heart dis	0000			an walk	cnow	30
	nditions, If a ve rise to i		(b) A1 01	21 70007610	010	Hear o dra	case			CLILL	-210 11	27
cau	use (a), sta	ting the OUE										
	derlying cause					, generali				-	Chom	A STATE OF THE PARTY OF THE PAR
PAR	RT II. OTHER SI	GNIFICANT CONDITION	ONS CONTRIBU	ITING TO DEATH BUTN	OTRELA	TED TO THE TERMINAL	OISEASECONDI	LION GIVEN IN	PART 1(a)		WAS AU PERFORI	
CERTIFICATION OR (IF	Fract	ure of ri	ght hip	p						YES	x	NO 🗌
20a	a. ACCIDENT V	VAS UNDERLYING	20b. (DESCRIBE HOW INJUR	RY OCCU	RREO. (Enter nature o	of injury in Part	or Part II	of Item 18.	.)		
흥 (#	EITHER, NOT	IG CAUSE OF DEA	NER)									
	. TIME OF IN	JURY Month, Day,	Year 20d. II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home,	farm, 20f. (CI	ty or town)	(Cou	inty)	(S	state)
MEDICAL	Hour a.m.		While	- ITUL TILLE -	facto	CE OF INJURY (Home, i ry, street, office bldg.,	etc.)		·	•		
	p.m		at work							,		
				ed the deceased fr			19_66, to_1					
				cacacacióbcacacac a	nd that	death occurred at		the causes	and on t	he date	stated	above.
222	a. SIGNATURI	7 1				ATTENOING -	MED. PM	STAFF ===		ATE SIGI		
	TORON	to starley	4', N	10 tos	M.0	, PHYS.	OIRECTOR -	PHYS.	3-	4-66	>	
220	C. PHYSICIAN	1'S				22d. ADORESS						
	living (s)k	IRINA	REUS,	M.D.		VA Hosp	ital, Po	erry Po	oint,	Md.		-/
23aB	LIRIAL CREMA	TION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. LOC/	TION (City, t	own or col	unty)	(St	tate)
	emoval emoval	(ify) 7/17/	1066	Loudon P	0.347-	Nat. Cem	Balt	imore	. Ma	rvla	har	
24. FL	UNERAL DIDEG	50B	1/2	AOORESS	-	25a. R	EC'O BY REGIST		EGISTRAR	S SIGNA	TURE	
12	- 11 7-1	PPERSON	MAN			YLAND	P 0 10	00 00	learl	a Ca	day	
1.47	E A P	PUNEDSON	FILMEDAT	. HOME PE	DDV1	FTT.T.R. DAMEA	11 17 10	00 /	10	V	- A	Pl.

VR AIS 1/65 Continue de de la contraction de la contraction

Volume Alternate thos Homostan | 002 New Witnest

densi mirana in kapi

95 94.74-9 x 0-1141 35

. A. C. G. Prining Parking and A. C. S. Sangaraga and C. Sangaraga and C. S. Sangaraga and C. Sang

dolm Departure (D) purished mich

the thirty carries and the manual transfer and a to a set the

while 01+0 decorated, sinconsequipment

mystrikum f servil fest birpewinesteriel

Actualization control to the control of the control

ti that in otherwise

ENGRANDO DE SINTE DO COMO EL MANDO DE COMO DE

The state of the s

Elpin della mille for

· War, thru the rest of the second se

THE REPORT OF THE PROPERTY OF

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

5

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

CERTIFICATE

FULAIH						1100	42	
SUAL RESIDENCE	(Where	deceased	lived,	H	institution:	Residence	before	admis
. STATE			b.	CO	UNTY			V

a. COUNTY	н		A. STATE	b. COUNT		Tence Beloce Maintzain.
Cecil		MARYLANO	Maryland	D. 000H1		arles
b. CITY OR TOW Write RURAL	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	o corporate limits, writ	e RURAL and	d give nearest town
Perry Po	int SPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		-	e. IS RESIDENC
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U. STREET ADDRESS			ON A FARM?
Veterans	Administration	Hospital				YES NO
3. NAME OF	First	Middle	Last 4. D			Day Year
DECEASED (Type or print)	WILLIAM	HENRY	BELL ,Sr.	F PEATH March	31	1 1966
5. SEX	6. COLOR DR RACE 7. MARRIE	O K NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years I	FUNDER 1 Y	EAR IF UNDER 24 HE
Male	White WIOOWE	D OIVORCED	1-25-98	68 yrs.		ays Hours Min
10a. USUAL OCCUPAT	IDN (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or foreign country)		ZEN OF WHAT
		onstruction	Woodmore.	Maryland		S.A.
13. FATHER'S NAM		011001 4002011	14. MOTHER'S MAIDEN NAP		1	
Charlie	Bell (D)		Laura Thom	(D)		
		6. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
Yes	(If yes give war or dates of service) WW I 2	12-16-3132 VA	Hospital Reco	rds, Perry	Point	, Md.
	DEATH [Enter only one cause per	line for (a), (b), and (c).]			11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	EATH WAS CAUSED BY: Bro	nchopneumonia	, confluent, b	ilateral		4 days
401	4					
Conditions, If	- 001 10	te fibrinous	naniaanditie			2 days
gave rise to	Immediate /	CA TTOT THOUS	ber fear after			z uaya
cause (a), s						
underlying caus	(4)	OUT IN CTO A PATH DIT HAT OF	ATES VO VILLYEDIANIAL DISEASE	CONDITION OUT NILL	a DT 1(a) 1	19. WAS AUTOPS
PARTITUTHERS	SIGNIFICANT CONDITIONS CONTRI	BUT ING ID OF ATH BUT NOT REF	ALEO IO INE LEKMINAL DISEASE	CONDITION GIVEN IN P.	AKI I(a)	PERFORMED?
Residua	l bronchogenic	carcinoma, le	ft lung			YES X NO
PART II. OTHERS Residua 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URREO. (Enter nature of Injury	In Part I or Part II of	Item 18.)	
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 2	Of. (City or town)	(County	y) (State)
ZOC. TIME OF Hour a.r		fact	ory, street, office bldg., etc.)	(014) 0, 10111,	(======	(200-1)
	m. 19 at we	ork at work				
21. I certif	iy that 🗱) (this hospital) atter	ided the deceased from	Feb. 12 , 19 66	to March 31	L 1966	_,XIMXIIXMX
xavatheada	neacodachine senescacacacacacaca	coeseses tSessese and tha	it death occurred at 7:39	4 from the causes a	nd on the	date stated above
22a. SIGNATU					22b. DATE	E SIGNED
		M.	O. PHYS. MED. DIRECT	OR PHYS.	3-31	L-66
22c. PHYSICIA		M	22d. AODRESS			
NAME (T	ype) E. E. FOLK II	I. M.D.	VA Hospita	1, Perry Po	pint,	Md.
23an BURNAL OPEN		1 23p: NAME OF CEMETER	Y DR CREMATORY 23d	LOCATION (City, tov	n or count	(State)
23an BURML CREM Removal	eclfy) 4/4/1966	61 . +	n -101	1101		22-1
24. FUNERAL DIRE		AODRESS	250. REC'O BY	REGISTRAR 25b. REG	ISTRARIES	SIGNATURE
			400 -			
Arehart F	uneral Home, La	Plata, Maryla	nd OATAPK 5	1966 90	landa.	Judge

Den Light Went State (See

Division and Designation Services

State of the sales of the sales

A.I.A bestique persone pulserence de cretique example (C) Alement (D) Alement

The form that there will be within a part of the first of

breke length and length of the length of the

aget 5 mid-Mayer's spended's aget

Total are summared of preparation of annual area.

88 54 100

and grantes greated, interpretation of the

with the plant of the party of

and it is a let the bearing a second of the second or the land

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY 후 건 속 Cecil Marvland Cecil MARYLAND pue deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) ET. Elk Mills Pages Vrs. Mills Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE papers. Pag in 72 hours d. STREET ADDRESS ON A FARM? YES NOX X completely 3. NAME OF First Middle 4. DATE Month Day Yeer Last DECEASED (Type or print) DEATH 19 66 pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH and lest birthdey) Car Months WIDOWED DIVORCEO 2 yrs. Mav physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maintenance Work Delaware College Hinton, W. Vir attending ph Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louella Smith Jason 15, WAS DECEASED EVER IN U.S. ARMED FORCES? TI6. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no, or unkown] [(If yes give wer or detes of service) the War 232-28-00521 Md. World Louvina permit. physician. signed by 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed to burial-transit p IMMEDIATE CAUSE (a) cremation, aftending DUE TO Conditions, if eny, which A hospital of a second of the (b) gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T for R: After this detached for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 20e, PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) fectory street, office bldg., etc.) While Not While DIRECTOR: at work el work D. ET. 99 1961, to Mar 29, 1966, that (1) (we) last 21. certify that (I) (this hospital) attended the deceased from..... files & a State A.M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on..... DATE 22e. SIGNATURE 22Ь. ATTENDING MED. STAFF SIGNED death. Page 4 HOSPITAL page with th PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) filed v 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) क्ष केंद्र REMOVAL (Specify) Wards Cemetery Hicks 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. RÉGISTRAR'S SIGNATURE VR A1S (4) 20M S-63

F = 1 Some part of backer of march of there are the safe through the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please repowe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF H	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLANI
03854	L RESEARCH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	026

					1 2 4
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: R	Residence before admission)
	Cecil MARYLA	AND	a. STATE Mar	yland b. county Ce	cil ·
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town) Perry Point 1 day		77. *		1
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	dress)	d. STREET AOORESS	ing Sun	e. IS RESIDENCE
	VA Hospital				ON A FARM?
	NAME OF First Middle		l ant	4. DATE Month	Day Year
J.	DECEASED	ATOTI	Last	DF 15 1 00	1966
5	APM APM	ADLI	B. DATE OF BIRTH	DEATH March 22 19. AGE (In years IFUNDER	
	Name of the second	-		last birthday) Months !	Days Hours Min.
10	Male White WIDOWED OIVORCED		3/9/1904	62 yrs.	
qn1	A. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY			CC	OUNTRY? USA
_	Carpenter				USA
13	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Charles Bradley (Deceased)		Mary Hers	hire (Deceased)	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. es, no, or unknown) (If yes give war or dates of service)	17.	INFORMANT	Address	
\ ``	Yes WW II 220-12-2924	V.	A Hospital	Records, Perry Po	oint, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	.]	*		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Dead many to be		9		Moments
	H / 1 X Dhammatia Has			th Mitrel	7101101101
	Conditions If any which \ Ct				50 yrs
	gave rise to immediate f	Pil b	Tar Insurr.	rcrency	70 310
	cause (a), stating the DUE TO				
z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	AT DELA	TED TO THE TERMINAL D	ISSUE CONDITION OF YOUR IN PART 1/A)	119. WAS AUTOPSY
AT I	THE THE COURT COMPLETE ON THE CONTROL OF THE CONTRO	71 KEGA	IED TO THE TERMINALD	ISCASE COMOTTON GIVER HEFART I(a)	PERFORMED?
FIC	200 LOCIOPAT MAS DESPRIVING TO 1 205 BEOODIGG HOW INKING		nnen er er er er er er	Indiana de Para Dana de Albarda d	YES NOX
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r occui	KKED. (Enter natura of	Injury in Part I or Part II of Item 18.	.J
MEDICAL			E OF INJURY (Home, far		inty) (State)
103	Hour a.m. While Not While p.m. 19 at work at work	Tactor	y, street, office bldg., et	c.)	
2	21. I certify that (K (this hospital) attended the deceased fro	- 9	700 700 10	to 3/22/66, 19_	that him over Dans
			/21/66 , 19		
		u tilat	death occurred at	1 22b. D	ATE SIGNED
	E. E. 2006	M.D.		TED. STAFF 3/	22/66
	22c. PHYSICIAN'S	m.p.	PHYS. ADDRESS	IRECTOR PHYS. 1	
	NAME (Type) E.E. FOLK, III. M. D.		VA Hospi	ital, Perry Point,	Md.
238	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY	OR CREMATORY	23d. LOCATION (City, town or con	unty) (State)
	REMOVAL (Specify) 3/26/1966 PLEASAN	17	GROVE	PLEASANT GA	POVE. PA
24	FUNERAL DIRECTOR PARTY ME ADDRESS		25a. REC	'D BY REGISTRAR 25b. REGISTRAR'	
	alph M. Reed Funeral Home		DAMAR	24 1956 Pcharle	en Judge
I R	ising Sun, Maryland		INMAN	4 + 1300 June	a mage



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

			OFKILLOW	IL OI DEATI	•		113545	
1. PLACE OF D a. CDUNTY	EATH			2. USUAL RESIDENCE	CE (Where deceased li	red, If institution: R	esidence before idm	ission)
	Cecil		MARYLAND	Total .			cil	
b. CITY DR	TDWN (if outside corpor RAL and give nearest to	rate limits,	c. LENGTH OF STAY IN 1		outside corporate	lmits, write RURAL	and give nearest	town)
Rural Ce	ecilton	JWII)		Rural Cec	ilton			
d. NAME OF	HOSPITAL OR INSTITUT	ION (if not in ho	spital, give street addres	d. STREET ADORESS		_	e. IS RESIL	DENCE
							ON A FA	
3. NAME DE		First	Middle	Last	4. DATE	Month	Qay Year	
DECEASED (Type or pri			Ann	Bramble	OF	(arch	20. 196	
5. SEX	6. COLOR OR RACI			8. DATE OF BIRTH		In years IFUNOER		
D3		r. amadares			last it	Irthday) Months	Days Hours	Min.
Female	White	WIDDWED [DIVORCED DIVORCED DIVORCED	Sept. 21, 1888	77	yrs.	TIZEN OF WHAT	
during most of v	vorking life, even if reti	red) IN	DUSTRY	11, BIRTHPLAGE (C	OUNTY & STATE, OF TOTAL		DUNTRY?	
Housewi		Ho	ne.	Delaware		U.S	A.	
13. FATHER'S	NAME			14. MOTHER'S MAIL				
Nehen	iah Clark			Annie Larr	imore			
15. WAS DECEAS	SED EVER IN U.S. ARMED ((of service)		7. INFORMANT		Address		
No.	(11)	217	-36-2533 J	ohn T. Brambl	.e,	Cecilton,	Md.2191	3
18. CAUSE	DF DEATH [Enter only o	one cause per lin	ne for (a), (b), and (c).]				INTERVAL BETV	
PART I	. DEATH WAS CAUSED E	BY:]	rarkinsoni	31.1			ONSET-AND DE	SATH
350	/ IMMEDIATE CAUS	- 1.7						
	of any, which \	E TD	erebral ar	teriosclero	sis.		8 36	ars
· ·	to Immediate	(0)	CIODICAL CAI	002 2 10 00 10 1				
causa (a),	stating the (E TD						
		(c)	TING TO DEATH OUT NOT D	ELATED TO THE TERMINAL I	DISCASE CONDITION	CIVEN IN PART 1/a)	119. WAS AUT	DPSY
AT . MILLING	ICIC STORTH TOMET OPHIPT	-	ING TO DEATH BUT NOT K	EDATED TO THE TERMINAL	DISEASE GONDITION	differint rock 1(0)	PERFORM	EO?
2 20010	THE WAS HUDED MINE	none	PRODURE HOW WILLIAM OF	ALIANTA VIII.	Claboni la Bant I de	Don't III of Item 10		ID 🗌
	ENT WAS UNDERLYING [BUTING [] CAUSE OF DE NDTIFY MEDICAL EXAN	ATH INER)	ESCRIBE NOW INJURY OF	CURRED. (Enter natura of	r injury in Part I or	Part II of Item 18.)	
	OF INJURY Month, Day	, Year 2Dd. IN	f a	LACE OF INJURY (Home, factory, street, office bidg., e	arm, 20f. (City or	town) (Cou	inty) (Sta	ate)
E Hour	a.m. p.m. 19	While at work		ctor), attectionico piog., c	(6.)			
			d the deceased from_	· Driver 1	9/16 to 20	Mer 196	6 that (I) (we	a) last
	deceased alive on	6 4 9		hat death occurred at				
	ATURE O		1	nat death boomfod de	A, Hom the		ATE SIGNED	
1/10	Woon Alli	11. 6 MI A		M.O. PHYS.	MED. ST/	FF [2,	hann	11
	HETAN'S	NUNCEVI		22d. AODRESS			Trust.	
NAME	E (Type) Wallac	e Obensh	ain. M.D.	Cecilton,	Md. 2191	3		
23a. BURIAL, C	REMATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	1 23d. LOCATION	(City, town or co	inty) (Stat	te)
Burial	(Specify)	23,1966	Galena Cem		Galena,	Kent Co		
24. FUNERAL		1 1 //	ADDRESS		C'D BY REGISTRAR	25b. REGISTRAR	*	-
Phise	A Tellow	- mille	uglon ma	MAD	2 4 1966	Jelianles	0.1.4	
Celleran	4	///-	1111	DAFET\	4 1 1000 I	1 Treko	Juage	



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR PLACE OF DEATH USUAL RESIDENCE (Where decassed lived, if Institution; Residence before edmission) a. COUNTY nould be executed within 24 hours after death. If any delay is necessary, "in pencil in Item 18. Give Pages 1.2, and 3 to the timeral director. Page Office along with form PM3, Page 5 may be retained for your files. burial-transit permit. File page 1.2 with the State Department of n, or removal, and in any event, within 72 hours after death. a. STATE b. COUNTY 0601 MARYLAND b, CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 CITY OR TOWN (If utsida corporata limits, write RURAL and give negrest town) write RURAL and give neerest town NAME OF HOSPITAL OR INSTITUTION In not in hospital, give street edgless d. STREET ADDRESS . IS RESIDENCE ON A FARM? 0 YES NO 3. NAME OF Middle 4. DATE Last Day Month DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED jast bjrthdey) Months 10a. USUAL OCCUPATION [Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired FISHERMA
13. FATHER'S NAME MOTHER'S MAIDEN NAME NKNOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) EXAMINER: This certificate should be executed ES WW 18. CAUSE OF DEATH [Enter only one sause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOND Condilions, if any, which cremation, writing the word "pending"

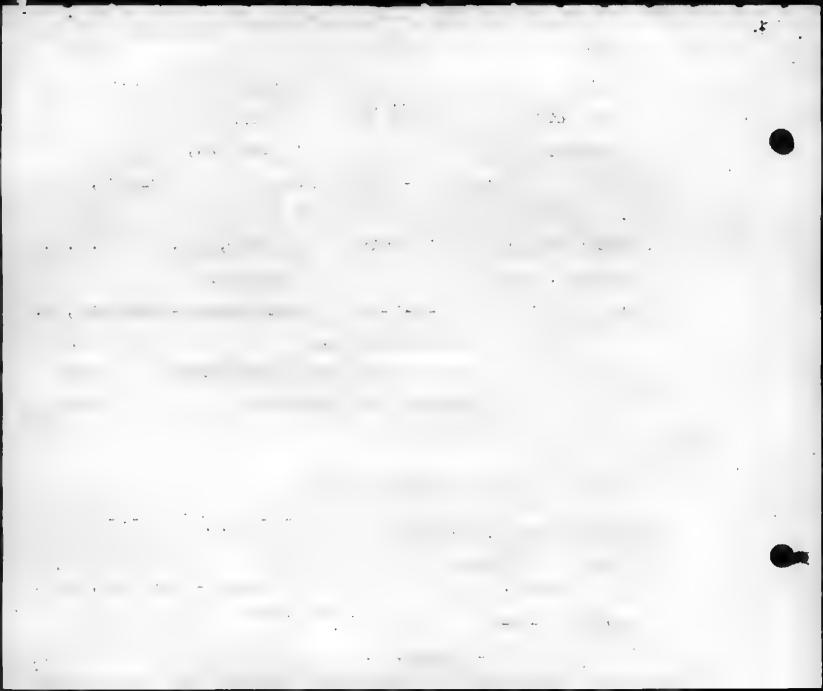
Chief Medical Examiner's C

2ge 3 should be used as a b 65 KB gave rise to immediate cause **DUE TO** (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INVESTIGATE (III) 189. WAS AUTOPSY CERTIFICATION should be u PERFORMED? NO F 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW (NURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING [CAUSE OF DEATH. prior NJORY MEDICAL Page 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) agent, While certificate, w at work at work be forwarded to the RAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry and in my opinion MEDICAL designated death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER execute the E07046 DATE EGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE 100 DEPUTY DEPUTY MEDICAL EXAMINER 占 EXAMINER'S please exe 4 should I TO FUNE! NAME [Type] 22a. BURIAL, CREMATION, OR CREMATORY (State 22d. LOCATION (City, town REMOVAL (Specify)
BURIAL 9 S FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNAT VR A1SME 5M 1/63



	MARYLAND S				·
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
02657			OF DEATH		03647

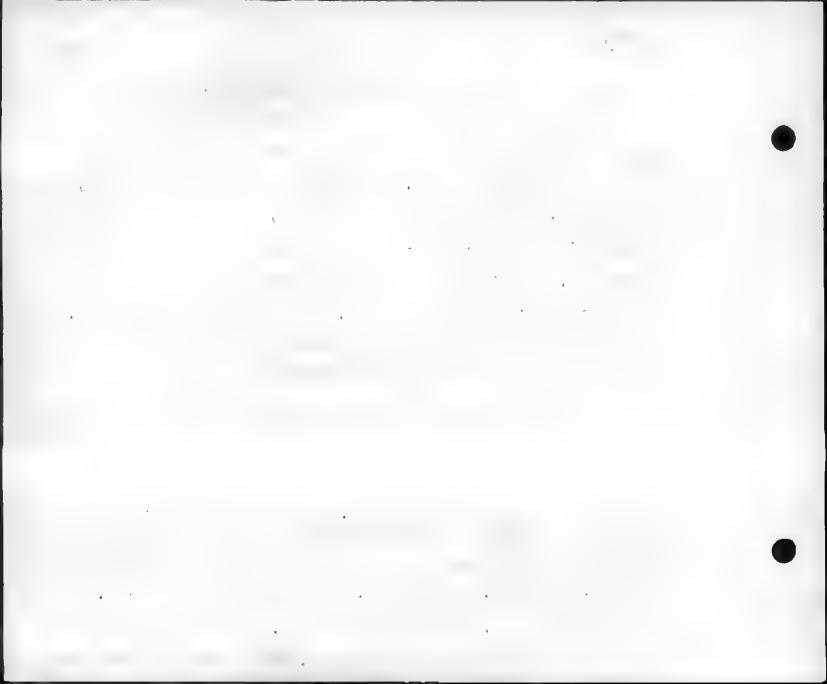
	10 23 20 11	9			-/:-	. O. PE/11/11		0.0	- 1 X 8
1.	PLACE OF DEATH	1							Residence before admission)
	Ceci			MARY	AND	a. STATE Marylar	nd.	b. county Harfor	rd/
	b. CITY OR TOW	N (If outside corporate and give nearest town	e limits,	C. LENGTH OF STAY		C. CITY OR TOWN (If o	utside corporate	limits, write RURAL	end give nearest town)
	Peri	y Paint	1)	25 minute		Aberde	en e		7 ,4
_	d. NAME OF HOS	PITAL OR INSTITUTION	V (if not in he	spital, give street ac	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Tospital				78 Gree	en Ave.,		
3.	NAME OF	113	et	Middle		Last	4. DATE	Month	Day Year
	DECEASED (Type or print)		Joseph	middle		Butler	OF DEATH	March 1	
5.	SEX			NEVER MARRIED	1 8	. DATE OF BIRTH	19 AGE (In years LIFTINDER	1 YEAR HELINDER 24 HRS
	Male	White	WIDOWED			7 24 96	last t	irthday) Months	Days Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work d	onel 10b. KI			11. BIRTHPLACE (COL	1	yrs. on country) 12. C	ITIZEN OF WHAT
gur	ing most of work	ing I'fe, even if retired it Employee) IN	ivil Servi			ver, Mass	C	OUNTRY?
	FATHER'S NAM	T 0		TATT DETAT	.00	14. MOTHER'S MAIDE		•	U. S. A.
	Nichol	las J. Butle	270						
15.	. WAS DECEASED	VER IN U.S. ARMED FOR	RCFS? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	Foley	Address	
(Ye		(If yes give war or dates of	service)	18-28-94-6			December		
_	Yes	WW II				VA Hospital	Records	- Perry Po	
- 1		DEATH [Enter only one ATH WAS CAUSED BY:				7			ONSET AND DEATH
	1 -	IMMEDIATE CAUSE		te pulmona	ry e	dema			2 to 3 days
	4200		0 0			1			**
-	Cenditions, If		b) AIT	eriosciero	otic	heart disea	se, sever	e	Years
	cause (a), si					7.	2		
_	underlying caus					generalize			Years
吕	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT N	OT RELAT	ED TO THE TERMINAL DI	SEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA									YES NO
2	OR CONTRIBUTE	WAS UNDERLYING TO NG TO CAUSE OF DEAT	20b. D	ESCRIBE HOW INJUR	RY OCCUI	RED. (Enter nature of	ajury in Part I or	Part II of Item 18	.)
3	(IF EITHER, NO	NG □ CAUSE OF DEAT TIFY MEDICAL EXAMIN	ER)						
CAL		NJURY Month, Day, Y	ear 20d. IN	JURY OCCURRED 2		F OF INJURY (Home, far y, street, office bldg., etc		town) (Con	unty) (State)
ED L	Hour a.n	-	While at work	Not While et work	Tactor	y, an ear, onice bidg., are			
					om 2:	45pm 3-19-66	to 9-10	7mm 3=19=6	56, Hostotkotwekskart
-	xxawxtirexder	ceased salive son x x x	CXXXXXXX	XXXXIII COOCCU	nd that	death occurred at Q	180 from the		he date stated above.
	22a. SIGNATUR								ATE SIGNED
	Eday	ur E. Joe	Ru		M.D.	ATTENDING M	ED. STA	YS. 12 Mar	20.1966
	22c. PHYSICIA NAME (1)	N'Ş				22d. ADDRESS			
	Manie (1)	edgar E.	FOLK	3rd		VA Hosi	pital - Po	erry Point	t, Maryland
23a	. BURIAL, CREM	ATION, 23b. DATE TO	HEREOF	23c NAME OF CE	METERY	or crematory eran Cemetai	23d. LOCATION	(City, town or co	unty) (State)
	Firi-a	3-23	66	Aberdeen			Aber	deen , Md	
24.	FUNERAL DIRE	CTOR B. Laves	~	ADDRESS	-	25a. REC'		25b. REGISTRAR	
	TARRING	FUNERAL HO	亚 - Ab	erdeen, Md		DAMAR	2 2 1960	galant	es Judge
						7 -1 -13 -1			-11 0



division of statistic 03858TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. 24 Noum after Beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the dmath mertificate me executed milling Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH
	MARIEARD STATE DEFARTMENT OF REALTH
AL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	OFFICIOATE OF DEATH 02010
	CERTIFICATE OF DEATH 02648

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY							
1	Cecil Marylano	a. STATE B. COUNTY Cecil							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Parryville	Perryville .	*						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
_	Elm Street	Elm Street	YES NO V						
3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year						
-	(Type or print) Wanda 5.	Campbell DEATH March 3	1966						
9,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER IT last birthday) Months O.	avs Hours Min.						
	F Cau. WIDOWED DIVORCED	March 4. 1886 80 yrs.							
dui	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY		ZEN OF WHAT NTRY?						
	House Wife	Maryland US	A						
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Joseph F. Stebbings	Georgianna Poplar							
15 (Y		INFORMANT Address							
1,	No None Mr	s. Helen Duffy. Perryville,	Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Scrol and A	Cierro -	ONSET AND DEATH						
	TX OUE TO								
	Conditions, If any, which) (1) the res & A	Kinisis	tayles						
	gave rise to immediate (//						
	cause (a), stating the OUE TO underlying cause last. (c)		/						
5	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?						
EAT.	Fill ste Millitus . YEST								
IĒ.	20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO N						
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (State)						
MEDICAL.	Hour a.m. While - Not While - fact	ory, street, officebidg., etc.)							
25	p.m. 19 at work at work	16- V6, 1965, to TRAIGH 31, 1966	Abat (I) (wa) Inst						
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on which 21 1956, and the		•						
	22a. SIGNATURE		E SIGNED						
	the server & Brancon	ATTENDING - MED STAFF - 7 /.	il-1-1966						
	One DINVIOLENTE	D. PHYS. DIRECTOR PHYS. LLUGGE	11/66						
	NAME (Type) Clarence I. Benson M.D.	Port Deposit, Maryland.							
238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	A STATE OF THE STA							
	Burial April 3.1956 North E	ast meth. North East, Ma	rvland						
24	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE						
1	al Matheman Try Perryvil	TO MA DAPR & 1966 90 Charles	Quelas						
	The state of the s	1300	1-0-						



TO HOTHIME BE ATTENDED PHYSICIAN: The law requires that the death certificate be exemuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the "tte ding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after distinguished.

,		1 5	U X t/				
			esidence before admission)				
MARYLAND	a. STATE Distr	ict of Columbia	V				
NGTH DF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write RURAL	and give nearest town)				
7 days	Washington		,				
give street address)	d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?				
ospital	1515 25th	St., S.E.	YES NO E				
Middle	Last		Day Year				
CHESTER	СОНО	DEATH March	10 19 66				
TER MARKED A		9. ACE (In years IF UNDER	YEAR IF UNDER 24 HRS.				
	5-26-06						
BUSINESS OR	11. BIRTHPLACE (Cou	nty & State, or foreign country) 12. CI	TIZEN OF WHAT				
	Altoona,		U.S.A.				
	14. MOTHER'S MAIDE	N NAME					
own VA	Hospital R	ecords, Perry Po:	int, Md.				
(a), (b), and (c).]			ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: Pulmonary congested edema 2-5							
DUE TO							
			9-12 month				
DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY				
			PERFORMED?				
BE HOW INJURY DCCUR	RED. (Enter nature of I	ofury in Part I or Part II of Item 18.					
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City or town) (Cou	nty) (State)				
A AALITIC TO), accec, unicoviug., ctc						
W.	D. 11 19	66 to March 10 19 6	S . Mandath Mandatak				
19ryry and that							
1		22b. Di	ATE SIGNED				
BOT M.D.		RECTOR PHYS. TO 3-	11-66				
	22d. ADDRESS						
D.	VAH, Pe	erry Point, Md.					
NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	inty) (State)				
udon Park	National	Baltimore, Md.					
		DV DECICEDAD LOCK DECICEDAD	SCICNATIRE				
ADDRESS Maryl	e Grace MAR	15 1966 Milane	3 STURM ONE.				
	give street address) ospital Middle CHESTER VER MARRIED	MARYLAND GETH DF STAY IN 1b 7 days give street address) OSPITAL MIDDIEST C. CITY OR TOWN (IF OR WASHINGTON (IF OR	MARYLAND GTH DF STAY IN 1b 7 days give street address) OSPITAL DISTRECT ADDRESS give street address) OSPITAL DISTRECT ADDRESS GENERAL COHO GENERAL COHO DEATH MARCH DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) Altoona, Penna. 14. MOTHER'S MAIDEN NAME Margaret Adams Margaret Adams DIVORCED DI				

MARYLAND STATE DEPARTMENT OF HEALTH

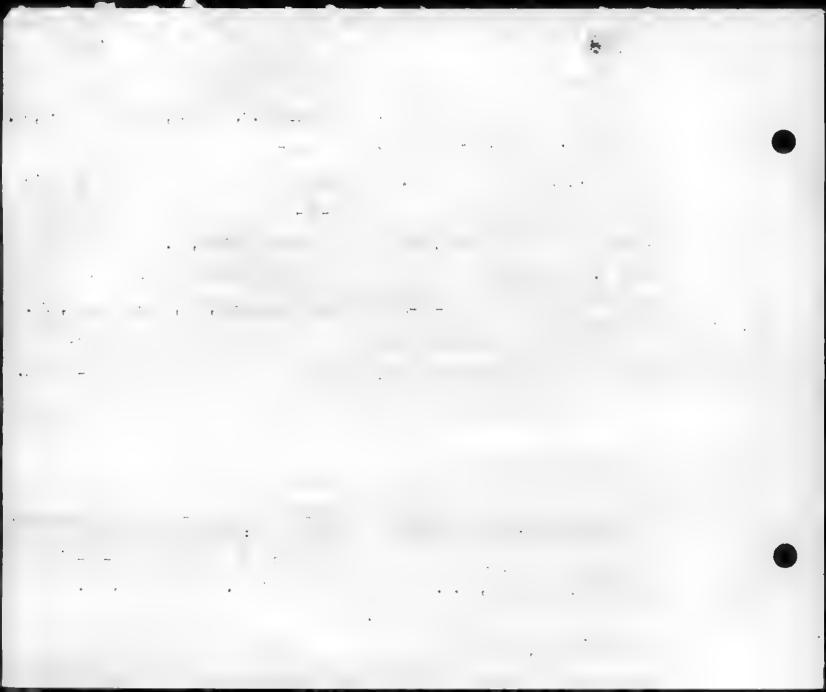
₹

and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician increaspletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 3651

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
	a. 000mm		a. STATE MA	ARYLA	IND b. cour	HA:	RFOR	D Y			
	b CITY DR TOW	orporate limits	c. CITY DR TOWN (If	foutside	corporate limits, wi	Ite RURAL	and give	nearest town)			
	PERRY	OINI near	est town)	58 Days		Rural-RD.	.2.Bo	x 252. Hay	re D	e Gra	ace.Md.
	d. NAME OF HO	SPITAL OR INST	ITUTION (if no	in hospital, give street ad	dress)	d. STREET ADDRESS		-	1'.	8. 1	S RESIDENCE
	VETERAL	NS ADMII	NISTRAT	ION HOSPITAL	ji	None-					ON A FARM?
3.	NAME DF		First	Middle		Last	4, DA	TE Mont	h	Oav	Year
	DECEASED (Type or print)	JOHN	14001	T		RDNER	DF	ATH 3		22	19 66
5.	SEX	6. COLOR OR	2. 111/45	RIED 🌁 NEVER MARRIEO		. OATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
	MALE	WHI	PE WIOO	WED DIVORCED		1-28-94		72 yrs.	Mentins	Uays	nours min.
102	USUAL OCCUPAT	ION (Give kind o	of work done 1	Ob. KIND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & St	tate, or foreign country) 12. CI	TIZEN DE	WHAT
001	FARMER	and may even to	(cureu)	FARMING		CARROLL	COUN	TY, VA.		1	USA
13.	FATHER'S NAM	IE .			1	14. MOTHER'S MAIC	DÊN NAMI	Ē	-		
	JOHN L.	GARDN	ER (DEC)		CELIA BE	RANSC	OMB (DEC))		
15	. WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Addre	SS		
(Ye	s, no or unkown)	(If yes give war o	r dates of service)	218-18-2245	Ho	spital Rec	ords	VAH. Per	ery P	oint	. Md.
=	18. CAUSE OF	DEATH / Enter (only one cauce	per line for (a), (b), and (c)				,	-3 -		AL BETWEEN
		EATH WAS CAUS			1.0					ONSET	AND DEATH
Н	PART I. DEATH WAS CAUSED BY: Severe Anemia Weeks										
Н	10 41 OUE TO										
Ш	Conditions, If gave rise to		(b) _ M	yelogenous Le	euke	mla				3-14	Mos.
	cause (a), s	tating the	OUE TO								
Z		underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
Ę	PARTILUTHERS	SIGNIFICANICU	MOITIUNS GUN	INTRUTING TO OFATH BUT NO	OT RELAT	EO TO THE TERMINAL I	DISEASEC	CONDITION GIVEN IN	PART 1(a)		AS AUTOPSY ERFORMED?
2										YES]	NO 🗌
CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLY ING [] CAUSE O TIFY MEDICAL	ING □ 20 DF DEATH EXAMINER)	b. OESCRIBE HOW INJUR	Y OCCUR	REO. (Enter nature o	f injury i	n Part I or Part II o	f Item 18.)	
	20c. TIME OF			Od. INJURY DCCURREO 120	De. PLAC	E OF INJURY (Home, fa	arm. 20	f. (City or town)	(Cou	nty)	(State)
MEDICAL	Hour a.r		٧	hile Not While	factor	y, street, office bldg., e	etc.)				
Σ	p.i	-		work at work	1	-23-66 1	46	. 3-22		6	
				tended the deceased fro	-11			to 3-22			TEXTINGOUS HON
	22a. SIGNATU		NA AAAA	XXXXXXXXXXX, an	id that	death occurren at4		Autom the causes		HE GATE S ATE SIGNI	
	2207 070171101		hlow		41 B	ATTENDING X	MEO.	STAFF		22-66	
	22c. PHYSICIA	N'S	1600		M.D.	PHYS. AOORESS	DIRECTO	R L PHYS. L	1		<u> </u>
	NAME (T	ma)	REUS.	M.D.			tal.	Perry Poi	nt. I	Md.	
23a	BURIAL CREM				MENERY						(State)
2,00		ecity) 23b.	0.0/60	- Cores o	lur	~	7	Level ?	Ma	/	
24	PEWRITIE	tor Fyr	fral H	ome ADORESS			0 0		EGISTRAR'		
1	layine rue	gerace	Wary.	land		MAR	28	1966 200	iarles	· Que	
-								θ		00	7

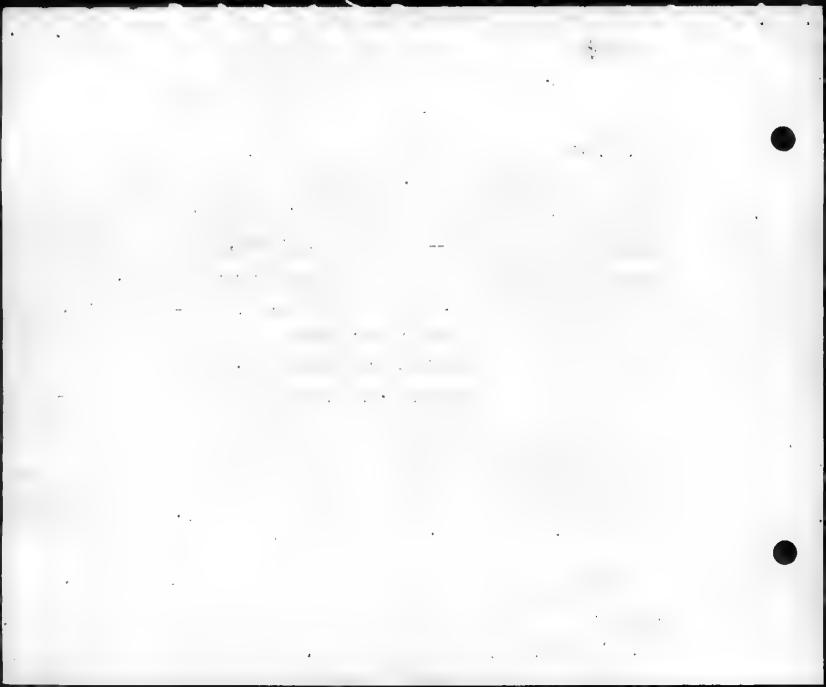


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bibliogin and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal; and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the denth certificate by executed within 24 limurs after meath.

Page 4 may be retained by the hospital or attending physician.

1	03661	2	TE REO			E OF DEATH		, DALTINO	() 2	65)	2	•
1.	PLACE OF DEAT	1				2. USUAL RESIDENCE	E (Where deci			esidence b	efore ad	lmission)
	W. 0001111	Cecil		MA	RYLAND	a. STATE Maryla:	nd	b. COU		ecil	i	
	b. CITY OR TOW	N (If outside corporate and give nearest town	limits,	c. LENGTH OF ST		C. CITY OR TOWN (IF		orate limits, wi	rite RURAL	and give	neares	t town)
1 3	Perry Po		,	13 da	vs	Elkton						
		SPITAL OR INSTITUTION	l (if not In	hospital, give street	t address)	d. STREET ADDRESS				Ð.	IS RES	
١,	Th Trans	ha"l				Ponte	Б			VE	ON A F	NO E
	VA Hospi	Fir	t -	Middle		Route_	4. DATE	Mont	b	Day	Yea	-
	DECEASED (Type or print)	LERO'	_	Α.	C	REGG	DF DEATH		18		196	
5.	SEX		7. MARRIE			B. DATE OF BIRTH	19.	AGE (In years		1 YEAR III		
١,	W-3-		WIDOWE				-	(last birthday)			Hours	Min.
	Male	White		KIND OF BUSINESS	1	2/26/1908	unty & State		() 12 Cl	TIZEN OI	EWHAT	
		IDN (Give kind of work d ing life, even if retired) 200.	INDUSTRY	VI		-		CO	UNTRY?	THURT	
12	Carpente FATHER'S NAM	r		ere pro		Providen	ce, Ma	ryland		JSA		-
13.	. FAIRER S NAM							4				
]	Frank Gr	egg (decea EVER IN U.S. ARMED FOR	sed)			Annie Sc	arboro			1)		
(Ye	es, no, er unkown)	EVER IN U.S. ARMED FOF (If yes give war or dates of	Service)	5. SOCIAL SECURITY	NO. 17.	INFORMANT		Addre	SS			
	Yes	WWII	2]	13 <u>- 05- 34</u> 9	O VA	Hospital	Record	s - Per	ry Po	oint,	Mc	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema INTERVAL BETWEE ONSET AND DEATH ONSET AND DEATH											TWEEN
PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema											- 5	day
	451V									_	2	1
	conditions, (f any, which) Massive retroperitoneal hemorrhage									2	- 3	WKS
	gave rise to cause (a), s	Immediate (0									
	underlying caus	fathig the	c)I	auptured a	ortic	aneurysm -	abdom	inal		2	- 3	Wks
10%	PART II. OTHERS			BUTING TO DEATH BU	T NOT RELA	TED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN	PART 1(a)	a) 19. WAS AUTOPSY		
CAT										YES	PERFORI	NO T
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature of	injury in Par	rt I or Part II (of Item 18.		4-4	
CER	DR CONTRIBUTI (IF EITHER. NO	NG CAUSE OF DEAT	ER)									
		INJURY Month, Day, Y		INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa	rm. 20f. (City or town)	(Cou	nty)	(S	tate)
MEDICAL	Hour e.r	n.	While	e - Not While	facto	ry, street, office bldg., e	tc.)					
Σ	D.I		at wo		. 7	15111		7/20/66		the first		
		y that XXX (this hospi				1/5/66 , 1	9, to_	3/18/66	ـــ, 19	,×n2	KIROXIVI	EX N.S.
	22a. SIGNATUI	Se as provade ve so accesso	XXXXX	XXXXXXXXXXX	, and that	death occurred at	M, 1ro	m the causes	and on th	ie date	stated	above.
	ZZa. SIGNATUI	SE 1	-/-				MED. DIRECTOR	07155	2241 -1	18 6		
	22c. PHYSICIA	ALICE TO A MARKET MARKE	1-1	66	M.D	PHYS	DIRECTOR _	PHYS.	1 3	10		
	NAME (T)		L. 1	Inl ot		VA Hos	oital -	Perry :	Point	, Md.		
238	BURIAL, CREM	ATION, 23b. DATE TO	IEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (City, t	ewn or cou	inty)	(St	ate)
1	REMOVAL (Spe	Z/00/0	5.	Sherns	Carro	elieny	101	77 177	9.50	17	30	7 7
24	. FUNERAL DIRE	CIOR	Dar.	HOME	2/	25a. REC	D BY REGIS		EGISTRAR'S	SIGNA	TURE	4,414
K.	ALPH E. 1kton. N	HICKS FUN	AAL	HOME	2/	DAMAR	28 19	166 gc	liante	y Que	das	
Li,	TYPOILS L	COT A T CITTO	1-11-6	River Comment	14-61	V VURIOUT	A 10	1		V /5	1	

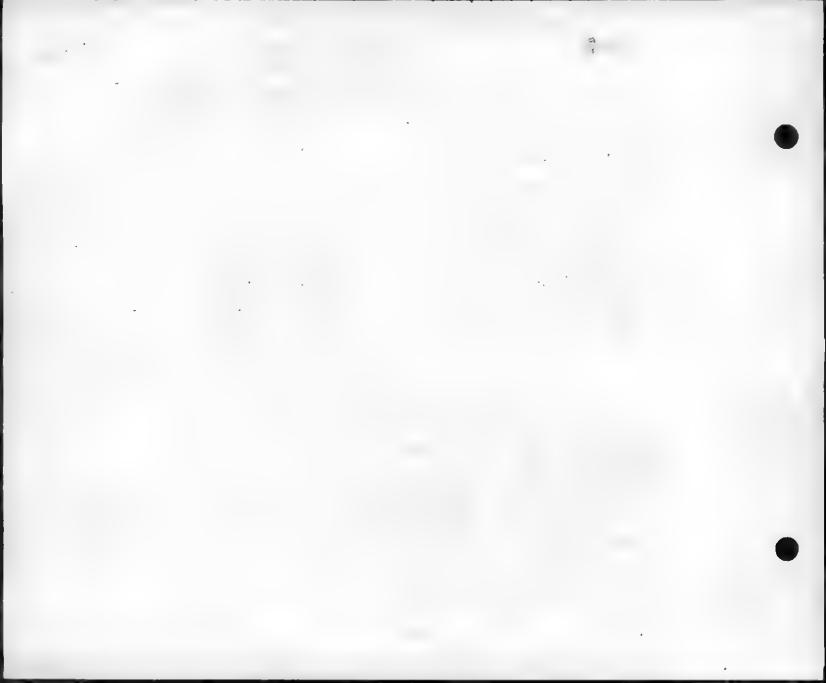
Item 18 Film G375 4/ MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02653 CERTIFICATE OF DEATH

deo deo	1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution Residence	befare adm ssian)
		a. COUNTY EC14 MARYLAND O. STATE WD b. COUNTY CE	C 12
es es		b CETY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest fawn)
urs afte y the f Pages urs afte		write RURAL and give nearest town) FLATON THRS FLATON	7 1
hours in by the grs. Page 2 haurs	-	ELETOH d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	I A IS RESIDENCE
24 h			e IS RESIDENCE ON A FARM?
		UNION HOSPITAL 120 FRIENDSHIP RD.	YES NO X
		NAME OF First Middle Last 4 DATE Month DECEASED OF	Doy Year
		(Type or print) EDIIH CHULEY GREGOK DEATH 3	5 1966
ute m mpl	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER) Months Months	YEAR IF UNDER 24 HRS Days Hours Min
e execution of compared to the	1	F WIDOWED DIVORCED 4-3-1908 57 YES	Softs Looss West
ond remarkable ex	100		ZEN OF WHAT
ate b icion lease and i		ing most of working the, even if retired) INDUSTRY 140 M E CEC13 MD	NTRY?
Sici	13.	FATHER S NAME 14. MOTHER'S MAIDEN NAME	, , , , , , , , , , , , , , , , , , , ,
low requires that the death certificate be executed anding physician. been signed by the attending physician and comples the buriol-transit permit. Then please remove to ior to burial, cremation, or removal, and in appreparation to burial.		Dr. W.D. CAHLEF EDITH G. DUNBAR	
ne death certif ottending phy permit. Then ion, or removo	1.0	THAT DESCRIPTION DIED TO SECTION AS THE PROPERTY AS THE PROPER	FRIENDSMA
eath mit. or n	(Ye	s no or inknown). If the saive was as dates of service the service that the service the service that the ser	D a
othe othe on, or			
that the can. by the other consist perionsit constitutions.		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
hat n. yy t ons		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shock	
quires that t physician. signed by the buriol-tronsit buriol, crema		33/7 DUE TO	7 hus.
equires physici signed buriol-t		Conditions, if any, which gave rise to immediate cause (0). DUE TO Stating the underlying cause ast. (a) Agriculturation	1 100 3
red g p g p s b o b		stoting the underlying cause DUE TO	7
e low retending to be been os the prior to		lost. (c) Hyperles our	*
20 S S O D	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS ALTOPSY PERFORMED?
	CATION		YES NO
AN: of or icote for u Heol	P C	200 ACCIDENT WAS UNDERLYING (Enter nature of injury in Part I or Part II of Hem 18.)	
of Tities	CERT F	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYS hos sche	3	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caun	ty) (State)
this of the betach	MEDICAL	Haur a.m. While Nat While factory, street, affice bldg., etc.)	1,
by free be		Of Walk Co. Holk Co.	6, that (I) (we) las
		saw the deceased alive an 3 - 5 - 19 66, and that death occurred at 3:15 P. M, from causes and an thi	e, that (i) (we) ias
F		220 SIGNATURE 22b DA	
A = 100 m ≥		ATTENDING THE MED STAFF	to 16.0
		22c PHYSICIANS 22d ADDRESS	100
moy RAL I		NAME (Type) ROLANDA MATERA- FLKTON, MO.	
A CALL	22.		(See le)
TO HOSPITAL Poge 4 moy ITO FUNERAL ITO director, pog should be file	250		County) (State)
5 5 5 2 V			
VR A15 (4)	24	Mover / France	
20 M 1/66 \	K	IPPIN FONERAL HOME ELATEN, MADRIERS 1985 " NO	Judge

03868



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 03564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before odmission) o COUNTY b COUNTY Page 0 death. MARYLAND deloy Deportment c LENGTH OF STAY IN 16 c CITY OR TOWN (If guts de carporate limits, write RURAL and give negres) tawn) b CITY OR TOWN (f outside corparate limits. ond ALVE PROJEST TOWN) Earlevill after g. NAME OF HOSPITAL OR INST JTION (finot in hospital give street address) d STREET ADDRESS form hours Stote 8. Give Pages This certificate should be executed within 24 hours ofter death with NAME OF First M ddle Last 4 DATE Month DECEASED OF the ardi within herl (Type or pnnt) DEATH olang \ S SEX 6 COLOR OR RACE 7. MARRIED AGE (In years IF UNDER last b rthday) Manths 0 WIDOWED D VORCED event 1Do USUA, OCC. PATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) during most of working le, even if retired) INDUSTRY Trojan Boat Co. Md. dny Carpenter pages the Chief Medical Examiner 14 MOTHER'S MA DEN NAME pencili 13 FATHERS NAME C Pauline Gadow George R. Harding E 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknawn) (If yes give war ar dates of service) 16 SOCIAL SECUR TY NO 17 INFORMANT permit. removol Earleville, Md.21919 215-48-3709 George R. Harding. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART DEATH WAS CAUSED BY Ö IMMEDIATE CAUSE (a) writing the ward cremotion,

INTERVAL BETWEEN ONSET AND DEATH DUE TO Motorcycle Collision (head-on Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS ALTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part I of Item 18.)

CAUSE OF DEATH 20c TIME OF NURY Manth, Doy Year While at wark 1966

riding motorcycle collided with auto 2De PLACE OF NJURY (Home, form, 2Dd INJURY OCCURRED Bich Ker Hill Road Nat White

(City or fown) (County) Warwick

(Stote) and in my opinion

NO

B IS RESIDENCE ON A FARM?

NO

IF UNDER 24 HRS

Haurs

YES

Day

Days

12 CITIZEN OF WHAT

U.S.A.

death resulted from: Noturol couses Accident V Suicide ACTUAL SIGNATURE

21. I certify that I took charge of the remains described above, held on Autopsy

CHIEF MEDICAL EXAMENER ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

Homicide

Inspection .

NAME (Type) 23a BUR AL CREMATION, BUTTA (pecify)

EXAMINER'S

23b DATE THEREOF Mar.19,1966

NAME OF CEMETERY OR CREMATORY Cecilton Cemetery.

at wark

23d LOCATION (City or Town) Cecilton.

Undetermined monner

(County) Cecil Co: Md.

24 BONERAY DIRECTOR VR A15ME (5)

CERTIFICATION

forwarded to

4 should be

Poge (

the funeral director.

please execute the certificate,

CAL EXAMINER:

TO DEPUTY

0

burrol, nsed

0

prior

agent, I

designated

Heolth or 1

shauld

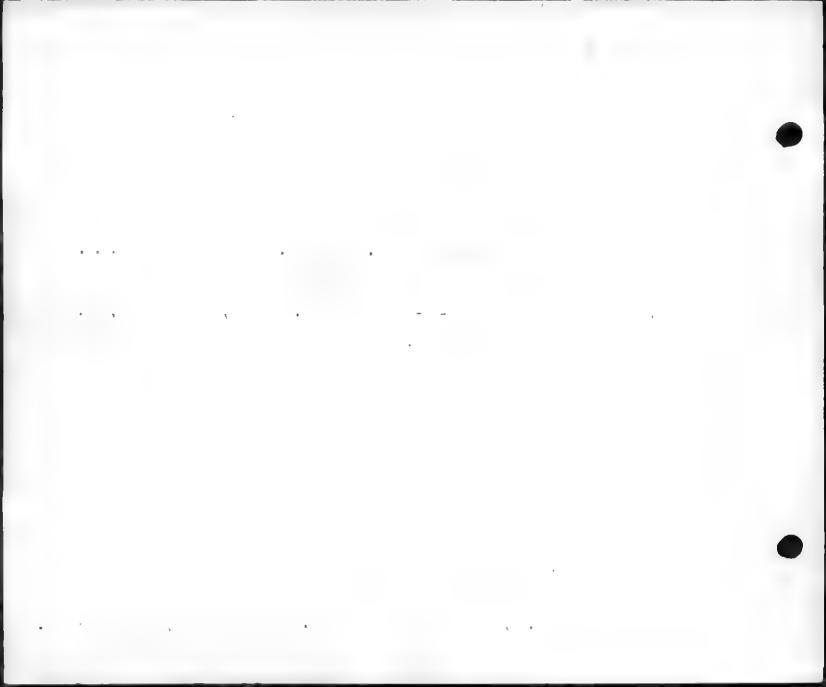
moy be retained for your FUNERAL DIRECTOR: Poge

6M 1/66

ADDRESS

2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

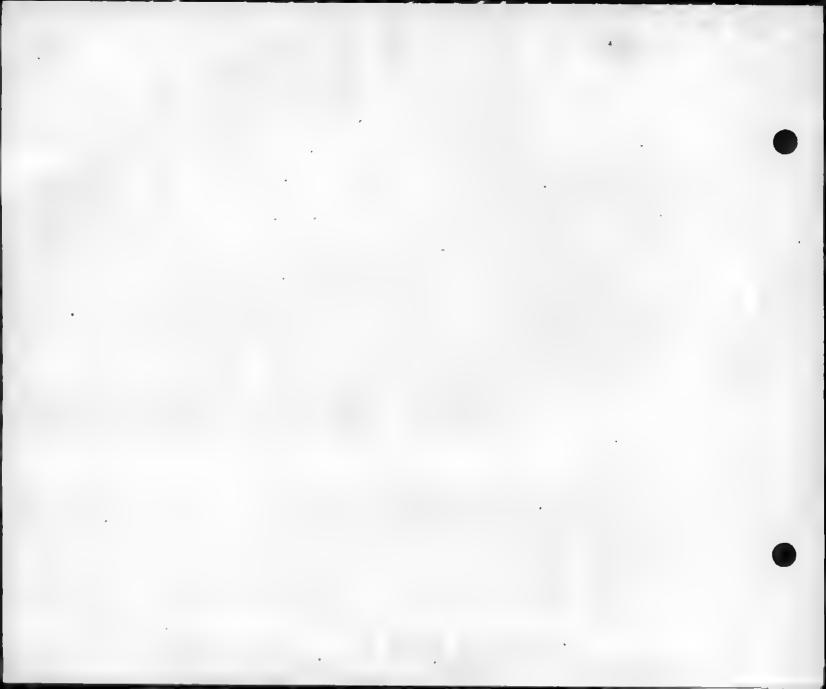


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
ODCCK	CEDTIFICATE OF DEATH	0.20

	03000			CERTIFIC	AII	UF DEATH					365	5-		
1.	PLACE OF DEAT	H			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)									
	a. COUNTY	٦		a. STATE b. COUNTY Crail										
_	h city or tow	. ⊥ N (If outside corporat	te limits	MARYLA c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						town)		
	Write RURAL	and give nearest tow	n)		i									
	North E		3.	North Hast 7 - 1						0.000.00				
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in ho	spital, give street add	dress)	d. STREET ADDRESS				0.	ON A F	DENCE ARM?		
_	Cool	S. sine Po	rk			Cool S	ring	عرة بالر		YES NO				
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Monti	1	Day 🕹	Year	Г		
	(Type or print)	Laur	a	Jana		Hite	DEATH	" 1		17.	19	33_		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 1	. DATE OF BIRTH	9.	AGE (In years	IF UNDER					
-	ole:	White	WIDOWED	DIVORCED		Oct. 24. 1	913	last birthday)	Months	Days	Hours	Min.		
10	a. USUAL OCCUPAT	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co) 12. C	ITIZEN O	WHAT			
du		ing life, even if retire	d) (b	IDUSTRY		774				DUNTRY?				
-	ouseri					Vin ir				<u>.S.</u> .i				
13	. FATHER'S NAM	IE.				14. MOTHER'S MAID	EN NAME							
	Abe	Burnett				Ida Sr	nith							
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	,	Addre	\$\$.					
10	2,0	(11 yes give war or dates t	II SETTICE)			Lart I. II	ta. 7	7020 2	1.5	400				
		DEATH (Enter only on	e cause ner II	ne for (a), (b), and (c).				720 2	- J 1/J g	INTER	AL BET	WEEN		
		EATH WAS CAUSED BY	•		_			ŧ.		ONSET AND DEATH				
		IMMEDIATE CAUSE	(a) R	with my	920	1 is 16,60	(out of)	~			-			
	r 201	DUE	TO	2.1.5										
	Conditions, if		(b) F	ASCVD.										
	gave rise to cause (a), s		то											
	underlying cau:		(c)											
S S	PART II. OTHER	SIGNIFICANT CONDITI		ITING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)	19.	NAS AU	TOPSY		
M	1 2 1	l ismoun	o ron ch	the sin						YES		NO [7]		
Ē	CON ACCIDENT	WAS UNDEBLYING IT	1 20h F	DESCRIBE HOW INDIER	Y OCCU	RRED, (Enter nature of	Inlury In P	ert I or Part II o	f Item 18	1				
CERTIFICATION	OR CONTRIBUT	ING TO CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)			inaby fames months	1-13-17			,				
MEDICAL		INJURY Month, Day,	Year 20d.	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa		(City or town)	(Col	inty)	(S	tate)		
la	Hour e.		While	Not While	ractu	ry, street, office bldg., a	10.)							
ĮΣ		m. 19		at work		4-5 1	0(3 1-	3-17		L Abo	e (Till)	tacl (as		
			pital) attendo 3 - V	ed the deceased fro)m	death occurred at	CLERCO							
		ceased alive pn	2-1	19 4 an	id that		M, Tr	om the causes	and on t	ne date	Staten	appve.		
	22a SIGNATU	RE RE		1 /2		ATTENDING M.	MED.	_ STAFF		18.				
	1/3m	1 12	amelo	med -	M.D	PHYS.	DIRECTOR L	PHYS.	1 3	10.	- 10			
	22c. PHYSICIA NAME (T	IN'S				22d. ADDRESS		***						
<u> </u>		Jay S.	<u> Parn</u>	nart, Jr.		Hortle.	st	11.						
23	a. BURIAL, CREI REMOYAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. L(OCATION (City, to	own or co	unty)	(St	ate)		
	KEMUYAL ISP	5421	1:3	Eliton C	312	tery	17	cton, 1	1 .					
24	. FUNERAL DIR	ECTOR	1/1/5	ADDRESS	1:	25a. RE		STRAR 25b. R	EGISTRAR	'S SIGNA	TURE			
	licks .	.0 10 1027	L'unari	25		DAMAR	128 1	966 80	liande	y Jee	det			
-	1. T.C.F.O. 7	20 10 10 0.7	111310	and a war a war	3	V DATE				0	1			

VR A15 (4) 15M 4-64



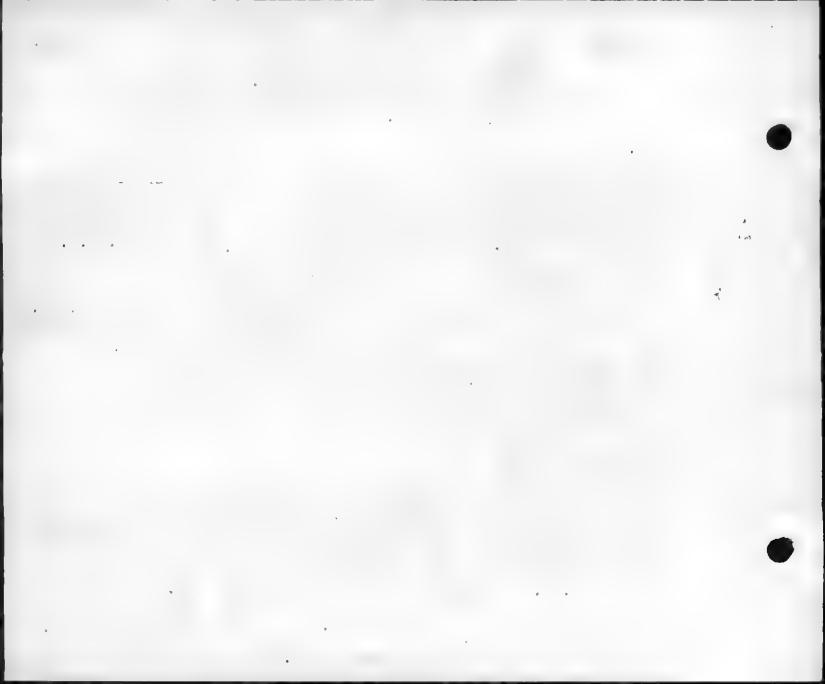
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) lay is nered director. Passive your files e. COUNTY b. COUNTY CECTL. MARYLAND CECIL MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) D.O.A. ELKTON Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 5 may be refained for d 2 with the State Bo ON A FARM? Box 419 - Nottingham Road YES NO I UNION HOSPITAL death. 3 NAME OF Midd e 4. DATE Month DECEASED OF (Type or print) DEATH affer HOLLOBAUGH 1966 ELIZABETH JANE 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH -19. AGE (In yours I IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED 20. 1965 WIDOWED [Oct. Female 1 and 2 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Jean Smith Jackie D. Hollobaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT -Address in pencil in Item 18. [Yes, no, or unknwn] ! (If yes give wer or detes of service) Office along with burial-transit perm. Jackie D. Hoblobauch. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN Ē ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y. and Acute interstitial pneumonitis IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse III) DUE TO (e), stating the underlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as couse lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'n ury in Pert I or Pert II of item 18 / age 3 shorts to burial, a PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. NJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f., (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy K.). Inspection [Inquiry and in my opinion death resulted from. Natural causes XXI. Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY WERNER U. SPITZ, M.D. 3-7-66 Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Burial Cecil Co. Hd. Betl C'emetery 1 TO 1 н 23. FUNERAL DIRECTOS ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME LKton.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Maryland ges 1 after Cecil the MARYLAND by the Pages CITY DR IDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. 1-72 hours ? 665 days hours Perry Point Baltimore Ξ, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE filled d. STREET ADDRESS within 72 l DN A FARM? VA Hospital 37 S. Highland Ave., NO X YES within etely S C NAME OF First Last DATE Day Year Middle DECEASED 1966 HOLTZMAN March ye car any awant, Joseph DEATH (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR DR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH and cor last birthday) Months I Days Hours 2 10 88 Male White 78 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician on please r .⊆ U.S.A. and Baltimore, Maryland Laborer certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal. Mary Ann Bunnigan Frank Holtzman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SDCIAL SECURITY NO. 17. Address 6 (Yes, no, or unkown) | (If yes give war or dates of service) death VA Hospital Records - Perry Point, Md. WW I cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Pulmonary tuberculosis, far advanced the hospital or attending physician. signed urial-tra burial-ti burial, DUE TO Conditions, If any, which peen gave rise to immediate 节节 DUE TO cause (a), stating the prior underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate NO 13 YES 20a. ACCIDENT WAS UNDERLYING THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work to 3 17 5 ZI 64 retained 70 21. I certify that (IX(this hospital)\attended the deceased from DIRECTOR: age 3 should lied with the . and that death occurred at 10: 10, from the causes and on the date stated above. sawcthecheseased alloway (XXX 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. шау 图画 O HOSPITAL O FUNERAL director, pa should be fil 22d ADDRESS PHYSICIAN'S Hospital, Perry Point, Md. GOLDGRABEN. NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY PEMOVAL (Specify) Baltimore NationalCemetery Ba 66 Baltimore Maryla Maryland FUNERAL DIRECTOR Home 6224 Eastern Ave ONE 21 Zeiler Funeral harles VR AI5 (4) 20M 1/65

. . ę

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) dea a. COUNTY b. COUNTY a. STATE attending physician and completely filled in by the fermit. Then please remove carbon papers. Pages 1 m, or removal, and in any event, within 72 hours after Ceci MARYI AND City OR TOWN (f outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rising Port Deposit yrs. Rural Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES Home For Aged The completely f NAME OF First Middie 4. DATE Month Day Year DECEASED (Type or print) Amelia Hutchens DEATH Clemmer AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 8 DIVORCED WIDOW ED J. 12. CITIZEN OF WHAT COUNTRY? 10a. USUALOCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. S.A. Own Home House Ret Co 13. FATHER'S NAME MOTHER'S MAIDEN NAME Reed Thomas Sinsabaugh
15. WAS DECEASED EVER INU.S. ARMED FORCES? Sara 16. SOCIAL SECURITY NO. 17. INFORMANT Address After this certificate has been signed by the atten d be detached for use as the burial-transit permit. § State Dept, of Health prior to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) Rising Thomas Hutchens Sun. None No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating anderlying cause last (c) CERTIFICATION WAS AUTOPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health PERFORMED? NO PC YES . DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work L at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the S 19 < __ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1957 to. and that death occurred at 5 / M. from the causes and on the date stated above. 19 € € saw the deceased alive on_ DATE SIGNED 22h. 22a. SIGNATURE page ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Port Deposit Richards 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rising Brookview Cem Sun 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 15M 4-64



24 IIII after leath. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician aparcoppletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any elight, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the _leath _retificate be exemuted _it_in Page 4 may be retained by the hospital or attending physician.

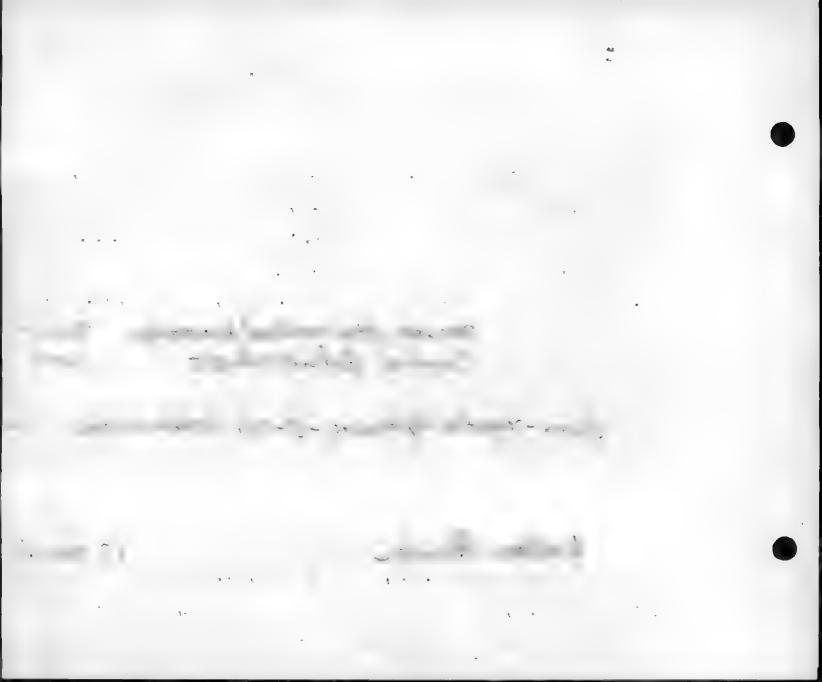
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Sep 2			CERTIFI	CATE	OF DEATH				1005	9
1.	PLACE OF BEATH				- 11	2. USUAL RESIDENC	E (Where decease			nce before	admission)
	0. 000)411	Cecil		MARYL	AND	a, STATE Mar	vland	b. COUNTY		cil.	
	b. CITY OR TOWN	(if outside corpo	rate limits,	c. LENCTH OF STAY		c. CITY OR TOWN (IF		te Ilmits, write			st town)
	Elkt		,omij	60 Yr	s.	Chesapea	ke Cit	v		, 1	
	d. NAME OF HOSP	ITAL OR INSTITU	TION (if not in h	ospital, give street ad	dress)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
U1	nion Hos	pital,	Elkto	n Marylan	d	George S	it.			YES 🗌	NOKK
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month	D	ay Ye	ear
_	(Type or print)		dys	E.		son.	DEATH	33	-	4 19	
5.	SEX	6. COLOR OR RAC	7. MARRIED	NEVER MARRIED	□ ₁ 8.	DATE OF BIRTH	9. At	E (In years IF t st birthday) Mo	UNDER 1 YE.		
_	F.	W.	WIDOWED	LALL.		/11/1899	6	6 yrs.			
l Da	I. USUAL OCCUPATION IN MORE TO THE TRANSPORT OF WORKING	IN (Cive kind of wo g life, even if ret	rkdone 10b. K ired)	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co	unty & State, or i	oreign country)	12. CITIZI COUNT	TRY?	
4.0		ewife				New Y			U	S.A	4
13,	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
		homas W				Nettie	L. Sm	ith			
15 (Yt	. WAS DECEASED EV	'ER IN U.S. ARMED If yes give war or date		SOCIAL SECURITY NO.		NFORMANT		Address			
4	 	~ · · ·	<u> + · </u>		Har	old Willi	ams. F	t Lader	rdale	Fla	4
				ine for (a), (b), and (c)	-		•		1 0	NSET AND	
		TH WAS CAUSED IMMEDIATE CAUS	SE (a)	rhoisis o					and		
1		DU		erioscler	otic	cardiova	ıscular	renal	se	vera	ļ
	Conditions, If an		(b) dis	ease					ve	ars	
	cause (a), sta		UE TO								
2	underlying cause		(c)								LEVODOV
2	PAKTIL UTHER SII	INTEGRATIOND	TIONSCONTRIBL	UTING TO DEATH BUT N	DT RELAT	ED TO THE TERMINAL D	ISEASECONDIT	ON CIVEN IN PAR			RMED?
2	no- toolsele			bleeding	V 1/-					YES	NO C
ž	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTI	G CAUSE OF D	EATH 200.	DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter nature of	injury in Part i	or Part II of It	em 18.)		
											400-4-3
310	20c. TIME OF IN Hour a.m.	JUKY Month, Da	y, year 200. I		e. PLAC! factory	OF INJURY (Home, far , street, officebidg., et	rm, 201. (Cit	y or town)	(County)		(State)
ME	p.m.		l9 at worl	k et work							
	21. I certify	that (I) (this ho	ospital) attend	ed the deceased fro	omilar	ch 17, 19	gg_ tMa:	rch 24,	195.6	that (I) (we) last
			darch 2	3 1966 ar	id that i	teath occurred at	M, from	the causes and	d on the d	ate state	d above.
	22a. SIGNATURE	LAS	11.				MED.	OTACE	2b. DATE		
	226. PHYSICIAN	is mount	Alan.		M.D.	PHYS. L	IRECTOR [_]	PHYS.	3/25	00	
	NAME (Typ	e)	rews. J	Jr., M.D.			ain St	., Elkt	on.	Md.	
32	BURIAL, CREMA	+	2	23c. NAME OF CEI	METERY	1		ION (City, town			tate)
- Ag-tal	REMOVAL (Spec	lfy)					E	lkton		Md.	
24	. FUNERAL DIREC	1 1 2 5	6/66	ADDRESS N	Ceme	tery 25a. REC	D BY REGISTR	AR 25b. REGI	STRAR'S SI	CNATURE	
	2/1/1/1	Two Ask	BRE	la Esta	1774	med MAR	29 196	6 Jelle	reley!	Judge	

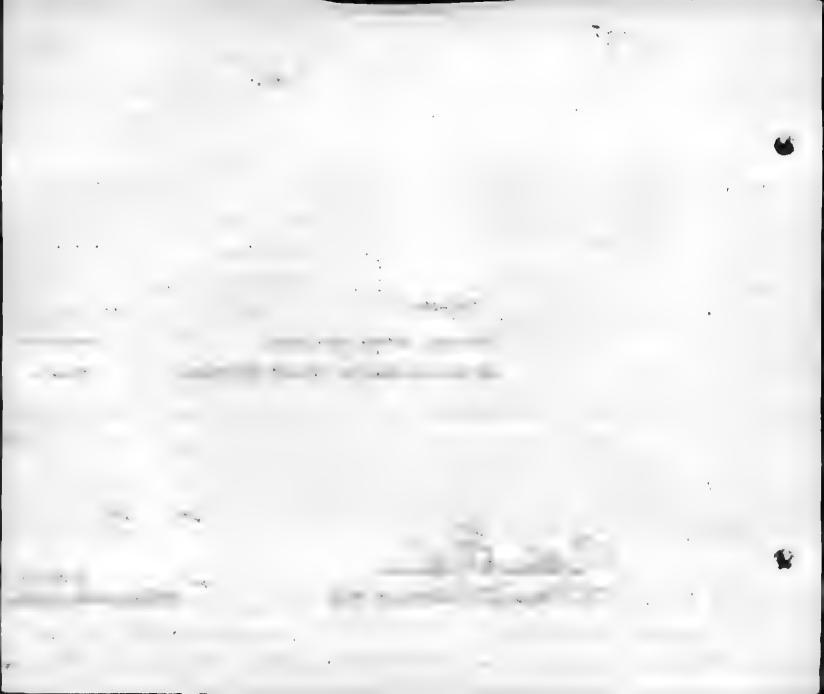
VR A15 (4) 20M 1/65



de	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-	$\cdot \cdot (M)$	CERTIFICATE OF DEATH
	death.	1. PLACE OF DEATH 11. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	after death the funera ges 1 and safter death	a. COUNTY Cecil MARYLAND B. STATE Md. b. COUNTY Kent /
	afte y thu ges s aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town)
	hours d in by rs. Pa	Elkton Galena 14 - 3
	1 hed hed pers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	E SE	Union Hospital YES NO Z
	mpletely carbon entrance	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF OF Martha Ma Jackson DEATH March 14, 1966
		5. SEX 6. COLOR GR. RACE 7. ASSOCIATE TO SERVE 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
	executed and com remove c	Female White WIDOWED DIVORCED Feb. 13, 1896 70 yrs.
	C	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	certificate be e nding physician . Then please r removal, and in	Housework Home Md. U.S.A.
	ifical g ph en p oval	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	rentifica nding pl Then remova	Charles E. Kimble Ida Payne. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	d in the	(Yes, no, or unkown) (If yes yive war or dates of service) No. 219-34-3627 Charles E. Jackson, Galena, Md. 21635
	中 高量さ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] /
	the size	PART I. DEATH WAS CAUSED BY: Mas Sive intra cerebral hemmontage Sollar
	w requires that ending physician as been signed last the burial trainior to burial, criminar to burial, cr	DUE TO P 1 1 1
	phy phy buri	Conditions, If any, which gave rise to immediate (b) (eyes m) Hyters Sellus; 5.
	2. 資本 2	cause (a), stating the DUE TO underlying cause last.
	宣共 是 " "	A PART I OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	CIAN: The la oppital or at certificate hed for use for	Gram = negutive Septiconal - PPali Diobetes melli Ages 1 NO II
	SICIAN: hospital certific ched fo pt. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE/HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) Green Contributing Cause of Death (IF either, Notify Medical Examiner)
	the hospita this certifi detached fo	
		State 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bidg., etc.) factory, street, office bidg., etc.)
	After d by State	
	25 25 2	21. I certify that (I) (this hospital) attended the deceased from
	y be retail y be retail DIRECTOR age 3 sho lied with t	22a. SIGNATURE / AA / A 1 22b. DATE SIGNED
		Wallbell Olling M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 17 May 6
	and the second	22c. PHYSICIAN'S NAME (Type) Wallace Obenshain. M.D. Cecilton, Md. 21913
	Page 4 Page 4 O FUNE directo should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
	or or ip de	Burial (Specify) Mar. 17, 1966 Galena Cemetery Galena, Kent Co; Md.
	0	24. FHINERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
	VR AIS (4)	Especial Pellows millington my DAMAR 10 1956 Cuarles Judges.
	100	



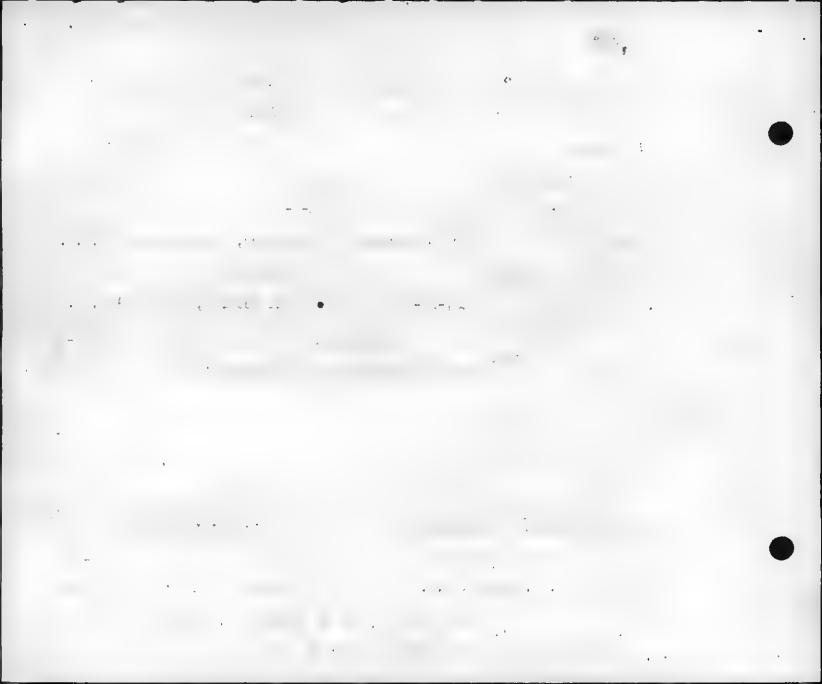
RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institutions Residence before edimession) a. COUNTY y is necessary, I director. Page or your files. a. STATE **b.** COUNTY o, Cecil MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporela limits. c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give negrast town) for your Eikton Elkton d, NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE funeral ON A FARM? Union Hospital 118 Bells Lane YES NO K NAME OF Middle 4. DATE Month Day DECEASED OF [Type or print] DEATH Robert Jackson 1966 18 March 6. COLOR OR RACE 7, MARRIED NEVER MARRIED TO 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months DIVORCED July Male Negro WIDOWED [10a. USUAL OCCUPATION IGINA kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer . Del. U.S.A. 13. JATHER'S NAME 14. MOTHER'S MAJDEN NAME Levi Jackson Isabelle Bishop 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yes, no. or unknown) | (Ifvesoivewar or dates of service) 218-4046865Ann Wilson-112 Collins Ave., Office along with This certificate should be executed 18. CAUSE OF DEATH |Enter only one seuse per line for (e), (b), end (c) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) oronory extery occlusion 30-60min DUE TO გ Arteriaselevotic Heart Disesse Conditions, if env. which cremation, 10 geve rise to immediate cause "pending" DUE TO Examiner ı (e), steting the underlying pesn causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, should be forwarded to the Chief Medical E. FUNERAL MIRECAL Pages 3 should be PERFORMED? NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of itam 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Hour a.m. Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 1 and in my opinion designated death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE -2 DEPUTY DEPUTY MEDICAL EXAMINER ö EXAMINER'S NAME (Type) hnson Address (Street, city, town, or county) 1235 inserty Aug. 4 should Health 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county REMOVAL (Specify) Burial Providence Cem. Elkton Maryland FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR AISME 909 Poplar St. SM 1/63



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in arrevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
23672
CERTIFICATE OF DEATH

1.	1. PLACE OF OEATH					2. USUAL RESIDENCE (Where deceased fired, If institution: Residence before admission)						
	a. COUNTY	County				a. SIATE b. COUNTY PARTITIONS						
		N (if outside corpora	te limits.	MARYLA 1 c. LENGTH OF STAY I				rate limits, write	RURAL a	and give nearest town)		
	Write RURAL	and give nearest tow	n)			Baltimo	•		.,			
_	Perry Po		41 -12 - 17 - 1	11 days			1.6			1 10 0501051105		
			M (II not in i	hospital, give street add	ress)	d. STREET ADDRESS	.11 79	de a de company	. 1	e. IS RESIDENCE ON A FARM?		
_	VA Hosp							talou Str	eet	YES NO NO		
3.	NAME OF DECEASED (Type or print)	Fi William	rst	Middle	.1	Lest efferson	4. DATE OF DEATH	Month March	12	Day Year 1966		
5.	SEX !	6. COLOR OR RACE	7. MARRIED	NOT NOTED MADDIED		B. DATE OF BIRTH		AGE (In years LIE)	INDER 1	YEAR IF UNDER 24 HRS.		
	ale			123		11-9-19	1,6			Days Hours Min.		
		Negro	WIDOWED	lamed .				y13: 1	10 017	TOTAL OF WHAT		
qni	ing most of work	ION (Give kind of working life, even if retire	done 100.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C			COL	TZEN OF WHAT		
			(O:	re processin	g	Orangebur		Carolina	U.	S.A.		
13	. FATHER'S NAM					14. MOTHER'S MAIL						
	Malach	i Jefferso	n			Inez	Hair					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT		Address				
(11	Yes Yes	(If yes give war or dates of	2	17-16-6551	VA	Hespital R	ecords,	Perry Po	int	,Md.		
	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).	1			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DE	ATH WAS CAUSED BY	ACII	TE PULMONARY	THE T	TEMA				1-DAY		
	1	IMMEDIATE CAUSE	()	TT + OTT WIRE!	. 3.20	72.8.8 s						
	Conditions, If	any which i	ראווען	URRENT MENTA	CTO	MA. LEFT TE	MPORAL	LORR		4-YEARS		
	gave rise to	Immediate /	(6)	OLUMANT LAMETT	AG Tr	AND AND THE COURT INCIDE				T- I DALINO		
	cause (a), si		TO									
z	underlying caus		(c)					(2.4./4		Lac Wie AllToney		
CERTIFICATION	PARTH, OTHERS	AGNIFICANT CONDITIO	ONS GONTRIE	SUTING TO DEATH BUTNO	1 KELA	TED TO THE TERMINALL	DISEASE CONDI	ITIONGIVENINPAR	(1 T(9)	19. WAS AUTOPSY PERFORMED?		
RTIF	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING T NG T CAUSE OF DEA TIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY	occu	IRRED. (Enter nature of	f Injury In Par	t I or Part II of It	em 18.)			
	(IF EITHER, NO	IFY MEDICAL EXAMI	NER)									
MEDICAL		NJURY Month, Day,	Year 20d.			CE OF INJURY (Home, farry, street, office bldg., e		Ity or town)	(Coun	ty) (State)		
	Hour a.n		While at wo	Not While	Jacio	iy, straet, onicabiug., c	16.)					
2				ded the deceased fro		farch 1 1	956_ to_1	Jarch 12	1966	HOUNDOWN		
				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	22a. SIGNATUR		<u> </u>	AAAAAAA, an	Lina	death occurred at-	7. 10W, 11UI			TE SIGNED		
ATTENDING MED. STAFF FT. 0 30 /												
	22c. PHYSICIA	NE SOLO	Saus	Don/	M.C	PHYS. L. 22d. ADDRESS	DIRECTOR	PHYS.	3-12	2-00		
	NAME (T)	C. E. L	AUCON	M D		VA HOSPIT	AT TEST	DV DATKEN	3.66.1	DATE AND		
_								RRY POINT,				
238	REMOVAL (SPE	ATION, 23b. DATE	THEREOF	ETERY	OR CREMATORY	23d. 10C	ATION (City, town	or cour	(State)			
	REMOVAL	13//	7/44	/ Julte	. 1	Chicon !	1/30	deli. H	10	0101107107		
24	. FUNERAL DIRE	CYOR	1 in	ADDRESS	11	1 (J 25a. R&	C'D BY REGIST			SIGNATURE		
V_{j}	M. K. M.	latilla	1-17	Of Mineu	24	OLE ST DATE			200	1 3		
1												



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12000

1. PLACE OF DEATH a. COUNIY	2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before edmission)
Cecil MARYLAND	a. STATE Maryland b. COUNTY Cecil
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corporete I m Is, write RURAL and give neerest town)
write RURAL end give neerest town) Elkton 2 days	Rural, Elkton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address)	d. STREET ADDRESS
Union Hospital	ON A FARM? YES NO TA
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) EVA LAKE JOHNSON	OF March 17 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED []	9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
Female White WIDOWED DIVORCED 1	May 18. 1892 Tay birthday Months Days Hours Min.
10a. Joual OCCUPATION (Give kind of work , 10b, KIND OF BUSINESS OR INDUST)	RY II. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Line Worker Fibre	Cocil County, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allen Crouch	Amelia Pennington
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT DAddress O. C.
(Yes, no or unkown) [If yes give wer or datas of service] 221-07-9617 Hai	rry A. Johnson R. S. Churchmans Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	New Castle, Del.
	ONSET AND DEATH
	WIAR ACCIDENT 48 HOURS
Conditions, if any, which \ (b) ARTERIOSCIE	15-125
Conditions, if any, which geve rise to immediate couse	years_
(a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[Y]	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURSE OR	D. (Enter neture of injury in Pert I or Pert II of item 18.)
20c T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 201. (City or town) (County) (Stete)
at book at work	ttory, street, office bldg., etc.)
	1/01/20/10/10/10/10/10/10/10/10/10/10/10/10/10
21. I certify that (I) (this hospital) attended the deceased from.	
	t death occured a.G.P.M., from the causes and on the date stated above.
220. SIGNATURE I Randall Rods N	ATTENDING MED. STAFF 3/18/66 SIGNED PHYS. 7 3/18/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) ZIRAWDAII KOSS	WE NICAL WARK EINTON IN
238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 3/21/66 North East Me-	thodist North East, Md.
24 FUNERAL DIRECTOR'S S GNATURE 17.70 ADJRESS	25a. REC'D BY REGISTRAR (25b., REGISTRAR'S SIGNATURE
Grant Funeral Home / W/ / Pox 22	100 0 1 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100
MW Couch North Ea	st. M. DAMAR Z 1 1966 Junger



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03674 CERTIFICATE OF DEATH death. the death certificate be executed within 24 nours after death funeral I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY Maryland Cecil papers Pages 1 In 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RUPAL and give nearest town) 1 Hr. Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ⊑ within 72 Union Hospital West Main Street 3 NAME OF Fist Middle Lost 4. DATE campletely OF DEATH DECEASED CARRIE BELL KNOX March Type or pnnt) AGE (n years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) White June 16.1904 Female WIDOWED DIVORCED

b COUNTY Cecil c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? NO IX 1966 IF UNDER 1 YEAR IF UNDER 24 HRS Hours Dovs 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done at Home COUNTRY? during mast of warking the even if retired) USA Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Edward Bell Melvina Carter 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Joseph H. Knox Elkton. None 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS ALTOPSY ICATION PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 8 or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. foctory, street, office bldg., etc.) Not While While et work ot work 10 3-17 21. I certify that (1) (this hospital) attended the deceased fram. , 19<u>66</u> , that (1) (we) last 1966, and that death occurred at 730M, fram couses and on the date stoted obove saw the deceased olive on, 22b DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ord Newark. Delaware 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (County) (State) TREMOVAL (Spenify) Mar. 21, 1966 Rethel Cemetery Mr. Chesapeake City. 2Sb. REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

remaye carban opy event. ond ease gud 0 crematian, ar remaval, permit. signed by the burial-transit p OR ATTENDING PHYSICIAN: The law requires that burial, been as the prior to b Page 4 may be retained by the haspital ar attending **DIRECTOR:** After this certificate has for use State Dept. of Health be detached director, page 3 shauld shauld be filed with the FUNERAL

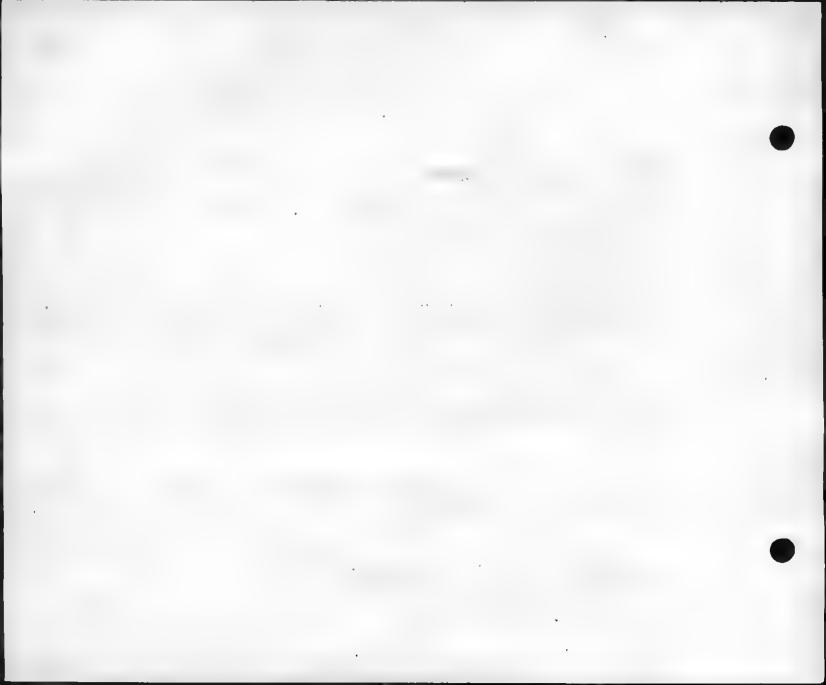
VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

hours after death

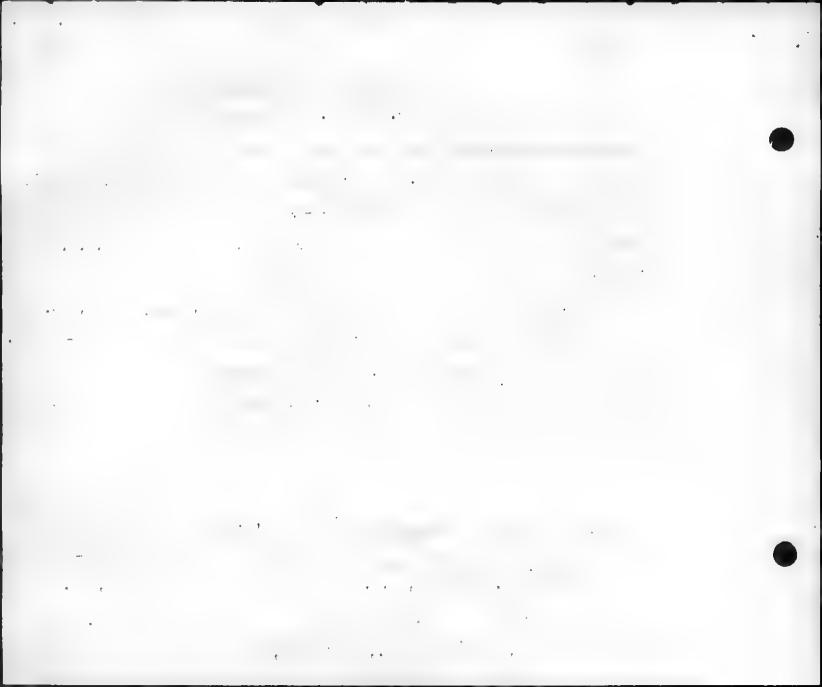


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cardon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any Event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 21

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0367	b		CERTIF	ICAL	E OF DEAT	Н			110	00	b =
1.	PLACE OF DEATH	1				2. USUAL RESIDE	NCE (Where	deceased fived, If in	stitution: R	esidence	before a	dmission)
	a. CDUNTY Cecil			55400	45 8 510	a. STATE		b. cou	NTY			1
	b. CITY OR TOW	N (if putside corporat	te Ilmits.	LENGTH OF STA	YLAND Y IN I b	c. CITY OR TOWN (aware	orporate limits, w	rite RURAL	and giv	e neare	st town)
	write RURAL	and give nearest tow	rn)							6		
_	Herry	POINT SPITAL OR INSTITUTION		27 yrs.		d. STREET ADDRES	mingto	on		1.0	IC DE	SIDENCE
				•	_	U. STREET ADDRES	3			9	DN A	FARM?
_		ns Adminia	stration	Hospita	1	308 Waln	ut Sti	reet		Y	ES	NOIC
3.	NAME OF DECEASED		irst	Middle		Last	4. DAT	E Mont	.h	Day	Ye	ar
	(Type or print)	ROBE	ERT	F.	ľ	MARTIN	DEA	1100 014	16			66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲	8. DATE OF BIRTH		9. AGE (In years 7 Jast birthday)	IF UNDER			
	Male	Negro	WIDDWED	DIVORCE	ED 30	2-2-92		74 yrs.	Months	Days	Hours	Min.
102	. USUAL OCCUPAT	IDN (Give kind of work-	done 10b. KIN	D OF BUSINESS O	R	11. BIRTHPLACE (County & Sta			TIZEN (T
	Laborer	Ing life, even If retire	a) IND	USTRY		Guaranta	urn C	on main		UNTRY		
	FATHER'S NAM	E				Georgeto	JOEN NAME	eorgia		<u> Dali</u>	-	
	Unknown					Unknow	-					
15		EVER IN U.S. ARMED FO	PCF\$7 16 SC	CIALSECURITYN	n 17	INFORMANT	BI	Addre	22			
		(If yes give war or dates o	of service)		1		-					
_		WW I		NOWN		Hospital .	Kecor	is, Perry	Poir			
		DEATH [Enter only on								ONSI	(VAL BE ET AND	DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Acute	pulmon	ary	edema				12.	ET AND	hrs
	4200	DUE	TO									
	Conditions, If		(b) Arter	riosclere	otic	heart dis	ease			yes	ars	
	gave rise to cause (a), st	DITE.	то									
	underlying caus		(c) Arter	rioscler	osis	, generali	zed			yea	ars	
ON	PART II. DTHER S	IGNIFICANTCONDITIE						NDITION GIVEN IN	PART 1(a)	19.		UTOPSY
CAT										YE	PERFOR	ND
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. DES	SCRIBE HOW INJU	JRY OCCL	JRRED. (Enter nature	of injury in	Part I or Part II	of Item 18.		46.1	
SER	DR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMINATION	TH NER)			•	* -					
		INJURY Month, Day,		URY OCCURRED (20e PI &	CE OF INJURY (Home,	farm 20f	(City or town)	/Cou	ntv)		(State)
MEDICAL	Hour an		While -	Not While		ry, street, office bldg.,		(ore) or comin	(000	11137	,	01=10,
ME	p.n		at work	at work					-			
		y that (K(this hosp										
		KANKEN PENKALA	XXXXXXX	XXXXXXXX	and that	t death occurred at	<u>3:30</u> M_	from the causes				d above.
	228. SIGNATUR	₹E				ATTENDING -	NLD CTE	STAFF	22b. D/			
			-2-T		M,0), PHYS.	MED. DIRECTOR	PHYS.	3-	16-6	96	
	22c. PHYSICIA NAME (Ty		Z_ ().	(1)	-	22d. ADDRESS		-				
	1	THOMAS I	P. THOME	PSON, M.	u.	VA HOS	pital,	Perry F	oint,	Md	•	
238	BURIAL, CREM REMDVAL (Spe	alful	4 4	23c. NAME DF C			23d.	LOCATION (CIty, 1	own or cou	inty)	(S	tate)
I	Removal	3/19/		Mt.Zion			Wi	lmingto				
24	. FUNERAL DIRE	CTOR	K' 1311	ADDRESS D	elav	vare 25a. R	EC'D BY RE	GISTRAR 25b. F	EGISTRAR'	S SIGN/		
F	Roll Fund	Magazin Magazin Caral	909 Po	nlan St.	M4 T	mi wat hadd	R 7.1	1966 10	Carle	n Ver	del	

VR A15 (4) 20M 1/65

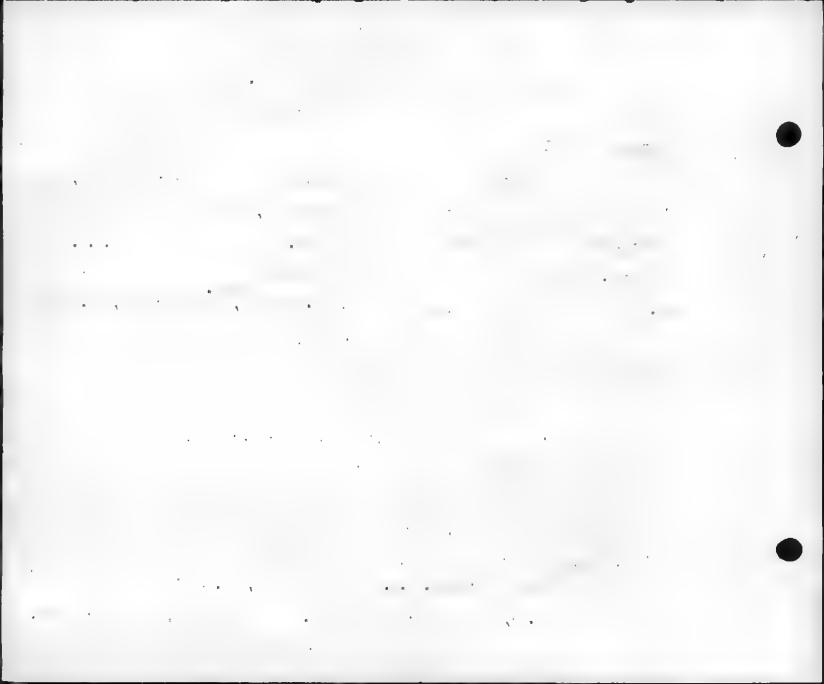


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending brystafan and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO BOTTLAL OR ATTRIBUTE TYSICIAN: The lam requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, it institution; Residence Detare admission)						
Cecil	n, STATE Md. b, COUNTY Cecil						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Elkton	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Earleville						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1 8, 15 RESIDENCE						
Union Hospital	ON A FARM?						
3. NAME DF First Middle	Last 4. DATE Month Oay Year						
DECEASED (Type or print) Mary	Matthews DEATH March 27, 19 66						
	8 DATE OF BIRTH 19 AGE (In years 11F UNDER 1 YEAR ITE IINDER 24 HRS.						
	last birthday) Months Days Hours Min.						
	lovember 20, 1885 80 yrs.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife Home	Md. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James A. Brown	Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (1f yes give war or dates of service)	INFORMANT Son. Address						
No. None Jo	hn A.Matthews, Earleville, Md.21919						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN						
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH						
IMMEDIATE CAUSE (a) Garcinoma of t	ne ovary Lonths						
DUE TO							
Cenditions, If any, which (b)							
gave rise to immediate (
couse (a), stating the							
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
TAT TO THE SERVICE OF	PERFORMED?						
e detsastases to vertebral column	and cord compression YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELL 10 THE TRANSPORT TO VETTE DATA COLUMN 202. ACCIDENT WAS UNDERLYING D 204. ACCIDENT WAS UNDERLYING D 205. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
GR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
0	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. 19 While Not While p.m. 19 at work at work	ory, street, office bidg., etc.)						
·	70 54 70 640 100						
	22 19 to 27 100 that (I) (we) last						
	t death occurred at M, from the causes and on the date stated above.						
22a. SIGNATURE	ATTENDING MED. STAFF						
222. PHYSICIAN'S CHUMING M.I	D. PHYS. DIRECTOR PHYS. 1 28 FIRT DO						
	22d. ADDRESS						
Wallace Obenshain. M.D.	Cecilton, Md. 21913						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' Burial Mar. 30, 1966 Cecilton Ceme	etery. Cecilton, Cecil Co; Md.						
24_ FUNERAL DIRECTOR / / ADDRESS /	(25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Edward Fellows, Willington	The MAR 30 1966 gollarley Judge						

VR A15 (4) 20M 1/65



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

Exposited within 24 hours after death,

D MESTELL OR ATTINDING MENTIONAL The fear requires that the death mertificate bar Page 4 may be retained by the hospital or attending physician.

TO MISPIELL

DIVISION OF STATISTICAL RESEARCE

MARYLAND STATE DEPARTMENT OF HEALTH

CH	AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1,	MARYLAND
C	ERT	IFICATE	OF	DEATH			·	03868

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. STATE as a moral of the company of t							
	Cecil MARYLAND	Maryland							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)							
_	Perry Point 1 day	Aberdeen							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?							
	VA Hospital	40 Liberty Street YES NOTA							
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print) HARRY T. MOR	RISON DEATH March 20, 1966							
5.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
	Male White WIDDWED DIVORCED	12-28-93 72 yrs.							
10a	LUSUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR ing most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
401	Farmer Farming	Loveridge, W. Va. USA							
13.		14. MOTHER'S MAIDEN NAME							
	Byer Morrison (deceased)	Hattie J. Clutter (deceased)							
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
£110	rs, no, or unkown) ((fyesgive war or dates of service) Yes WWI 232-26-4547 V.	A Hospital Records, Perry Point, Md.							
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	Edema, Severe 6-12 hrs							
		Heart Disease with							
	Conditions If any which I								
	gave rise to immediate (
		, Generalized, Severe Years							
S O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
CAT	Asthma and Chronic Emphysema	PERFORMED?							
ĪĒ		RRED. (Enter nature of Injury In Part I or Part II of Item 18.)							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO ACCU DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	fa abas	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)							
4ED	Walle Not while	30 nm 5:30 nm							
	21. I certify that M (this hospital) attended the deceased from 3/								
		death occurred at 300M, from the causes and on the date stated above.							
	22a. SIGNATURE	220. DATE SIGNED							
	E. E. Folkin M.D	ATTENDING MED. STAFF 3/21/66							
		22d. ADDRESS							
	22c. PHYSICIAN'S NAME (Type) E.E. FOLK III, M. D.	VA Hospital, Perry Point, Md.							
23a	BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY								
	Burlait 1/2/1000 Indicate Lape	7							
	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
M	cCOMAS FUNERAL HOME, Abingdon, Md. 2	21009 DAMAR 23 1966 Schooley Judge							

VR AIS (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate [[as [[men signed]]] by the attending [[hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trangit [[[memit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death(24 Tours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03579		CERTIFIC	ATE OF	DEATH			() 8	669	
1.	PLACE OF OEATH a. COUNTY			a. S	AL RESIDENCE TATE Md	(Where deceased	1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on: Residence Cecil	before admis	sion)
	b. CITY OR TOWN (If	ecil outside corporate limits, give nearest town)	, c. LENGTH DF STAY IN		DR TOWN (If ou	itside corporate	limits, write Ri	URAL end gl	ve nearest to	own)
R	ising Sun d. NAME OF HOSPITA	Rural LOR INSTITUTION (If not	Life tin hospital, give street addr		ing Sur et address	n	Ru		ON A FARI	M?
5. 10a. durl 13.	SEX 6. 6. CL Wh. USUAL OCCUPATION (Ing most of working If rmer RTHER'S NAME John Pal WAS DECEASED EVER (I, no, or winkown) ((Ifyen)	ite WIDD Give kind of work done Infe, even if retired) et.	1100 12 13 1701	Palm 8. DATE () 14. BIF 14. MO	er 1894 THPLACE (COURT istol THER'S MAIDEN	Tenn. I NAME Hodge		Day 12/ NDER I YEAR this Oays 2. CITIZEN COUNTRY S A	Year 1966 FUNGER 24 Hours M	
MEDICAL CERTIFICATION	18. CAUSE OF OEATH PART I. OEATH IM ## 20 / Conditions, If any, gave rise to imm cause (a), stating underlying cause las PART II. OTHER SIGNI 20a. ACCIOENT WAS	WAS CAUSED BY: MEDIATE CAUSE (a) OUE TO Which (b) ediate (r the DUE TO t. (c) FICANT CONDITIONS CONT	TRIBUTING TO DEATH BUTNOT	arten RELATEO TO TH	e TERMINAL DIS	nfun-	N GIVEN IN PART	INTE ONS	WAS AUTOP PERFORME	PSY D?
MEDICAL (20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Oay, Year 2 19 at		factory, street,	URY (Home, farm office bidg., etc.	3)	- 12 ,	(County)	(Stat	
	saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	-	11 1966, and	M.O. ATTEN PHYS. 22d.	ccurred at R	M, from th	e causes and	on the dat	e stated ab	ove.
238. I	BURIAL CREMATIO REMOVAL (Specify) BUTIAL FONERAL DIRECTOR	3/16/1966	23c. NAME OF CEME CONOWINGO AODRESS Rising	Bapti	st Cem	Conowi By REGISTRAR 18 1966	25b. REGIS	Ceci	(State)

VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed flage 4 may be retained by the hospital or mttemding physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03680

CERTIFICATE OF DEATH

	367	1)	
institution:	Residence	before	admissio
THEFT			5

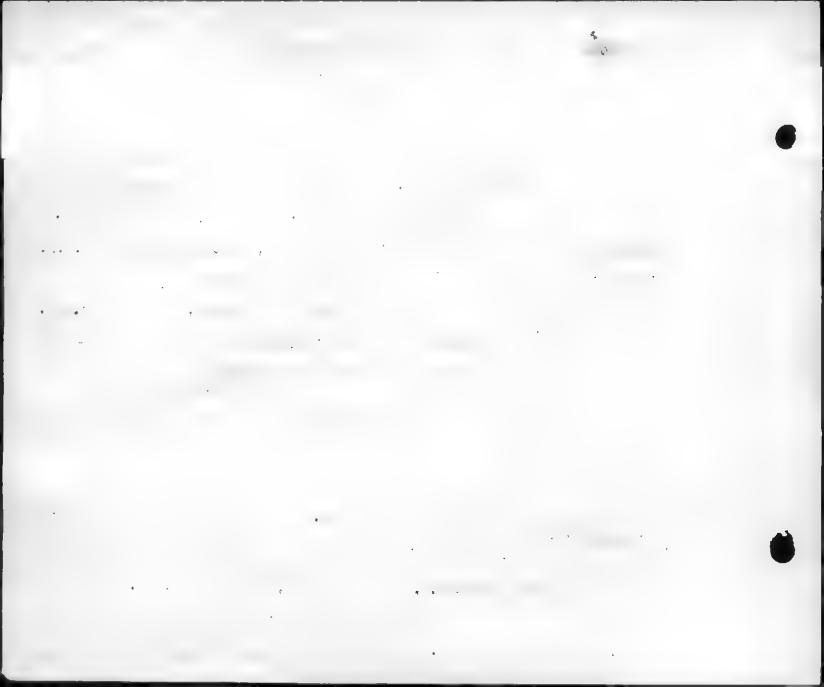
								1.7	400	9 7			
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENT	ict of Co	ived, If institution:	Residence	before a	idmission)		
_	Cecil	V (if outside corpora	An Howley	MARYLA c. LENGTH OF STAY I		c. CITY OR TOWN (If			M and ah	ve neare	et town)		
	Write RURAL	and give nearest tow	rn)	35 days	W 10			Illinits, write KOK	L alle El	10 HCM(C	at tomi		
-	Perry Po		M ((S not in h	ospital, give street add	lunco)	Washington d. STREET ADDRESS o. IS RESIDENCE o. IS RESIDENCE or an armonic street and armonic street and armonic street and armonic street armonic stree							
					iress)		3343 64	37 17	1	ON A	FARM?		
_		Administ					llth St.,			YES	NO X		
3.	NAME OF DECEASED		irst	Middle		Last	4. DATE OF	Month	Day		ar		
_	(Type or print)		SSES	s.	-	OMPEY	DEATH	March	4		66		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE	(In years IFUNDE birthday) Months	I Days	Hours			
	Male	Negro	WIDOWED			9-27-88	177	yrs.					
1Da dur	I, USUAL OCCUPATI ing most of work!	ION (Give kind of work ng life, even If retire	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C	ounty & State, or for	eign country) 12.	CITIZEN	OF WHA ' 7	1		
M	lessenger		Ci	vil Servic	ė	Columbia,	South Ca	rolina	U.	S.A			
	FATHER'S NAME					14. MOTHER'S MAIL		<i>1</i> – 5					
	Cliza Pon					Jeannie	Moses	(D)					
15 (Y)	. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates o	of cornice hi	SOCIAL SECURITY NO.		INFORMANT		Address					
	Yes	I WW	57	8-18-1769	VA	Hospital	Records,	Perry Po	int,	Md	•		
				ine for (a), (b), and (c).]				INTE	RVAL B	ETWEEN DEATH		
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) PUI	MONARY EDEM	ar	d CONGESTIO	N		3-		ys		
	1278	DUE							1				
	Conditions, if a	any, which }		CINOMA OF PR	ROSI	ATE with WI	DESPREAD		15	to	2 Yr		
	gave rise to cause (a), st		то				MESTASTE	SES					
	underlying caus		(c)										
ION	PART II. OTHER S	IGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE CONDITIO	GIVEN IN PART 1	a) 19.		UTOPSY RMED?		
1CA									YE	KX 2	NO 🗌		
CERTIFICATION	20a, ACCIDENT OR CONTRIBUTION OF FITHER, NOT	WAS UNDERLYING DANG CAUSE OF DEA	2Db. TH NER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f injury in Part I o	r Part II of Item :	18.)				
		NJURY Month, Day,	1	NJURY OCCURRED 120	e. Pl.4	CE OF INJURY (Home, fo	arm. 2Df. (City o	or town) (C	ounty)		(State)		
MEDICAL	Hour a.m	1.	While	- Not While -	facto	ry, street, office bldg., (, ,					
M	р.п		at wor	k at work		ton 28	. 66 . Ma	nch 4	66 %	rarara	CX30X1		
	21. I certify	y that 4) (this hos	pital) attend	led the deceased fro	ms		9 66, to Ma		66 , 24	101 (I) 1	wer last		
	SOW XIR XIOC 228. SIGNATUR		XXXXXX	xxxxxi9exxxx an	d that	death occurred at		e causes and on	DATE SI	e state gned	n souse		
	ZZA. SIGNATUR	M	ahuse	Wei shave 1D	M.D		MED. ST	AFF IYS.	-7112 01	yes 4 lie liv			
	22c. PHYSICIA NAME (Ty		ISHAK	M.D.		VAH, Pe	erry Poin	t, Md.					
238	REMOVAL (Spe	ATION, 23b, DATE	THEREOF	100	TETERY	OR CREMATORY	23d. LOCATIO	N (City, town or	county)	("	State)		
24			-1	OME ADDRESS !	17.	100	C'D BY REGISTRAR	25b REGISTR	R'S SIGN	ATURE	1 -		
<	SAM		UNERAL L	TOWN TO THE THE	20	DATEM!	AR 7 198	5 yclis	ree	Vers	E.Ko.		
1	// //3900	CEORGIA AVE	THE W	100,11	160	CCU' DATEIVI	111 6 100	N A	- 0-0				

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hypician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept

TO HOSFITAL OR ATTENDED FOR THE TABLE THE Jaw requires that the Leath mertificate Page 4 may be retained by the hospital or attending physician.

be executed within 24 hours after deah.



uneral 2 death 2 death 2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution and COUNTY) b. COUNTY										esidence before admission)		
	a. 000.111	Cecil		MARYL	AAID	a. STATE	vland	p. conn	ΙΥ	•		
	b. CITY OR TOW	/N (if outside corporal and give nearest tow	e limits.	c. LENGTH OF STAY				rporate limits, wr	te RURAL	and give nearest town)		
	Write RURAL	and give nearest tow	n)	150 days			apolis					
	A NAME OF UO	Perry Point	At the man to be	ospital, give street ad		d. STREET AOORESS 0. IS RESIDE						
	u. NAME OF BU			ospital, give street ad	aress)					ON A FARM?		
		VA Hospital						e George		YES NO X		
3.	NAME DF DECEASED		rst	Middle		Last	4. DATE			Oay Year		
	(Type or print)		giniar			sekrans	DEAT	E 20100		19 66		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	E 8	. DATE OF BIRTH	9	AGE (In years last birthday) (Months I	Oays Hours Min.		
Fe	male	White	WIOOWEO	DIVORCEO		11 4 07		58 yrs.	MORUIS	Oays Hours Inni.		
1Da dur	. USUAL OCCUPATION MOST	FION (Give kind of work ling life, even if retire	done IDb. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State) 12. CI	TIZEN OF WHAT		
	Teache		"	Teachi	ng	Philade	elphia	. Pa.		J.S.A.		
13.	FATHER'S NAM	TE 3				14. MOTHER'S MAIO	DEN NAME					
	Frank M.	Rosekrans				Mila	dred I	illon				
15.	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	\$			
(Ye	Yes	(If yes give war or dates o	r service)	38-18-49-30	V/	A Hospital I	Record	ls - Perry	v Poli	at. Md.		
1				ine for (a), (b), and (c).						INTERVAL BETWEEN		
		EATH WAS CAUSED BY	TIOU							ONSET AND DEATH		
- 1	*	, IMMEDIATE CAUSE	(a) Orte	IULA			-					
-1	Conditions IS	OUE	יווד ויד	or Obstruct	i on	of Lower In	reters			1-2 Mos.		
_	Conditions, If		(p)			01 20 101 01						
	cause (a), s	tating the OUE			t				1	0.30 1/2		
z	underlying cau		(6)	cinoma of C						9-12 Mos.		
CERTIFICATION	PART II. OTHER	SIGNIFICANTCONDITIO	INS CONTRIB	UTING TO OEATH BUT NO	OTRELAT	TED TO THE TERMINAL D	DISEASE CO.	NDITION GIVEN IN	PARTI(a)	19. WAS AUTOPSY PERFORMED? YES X NO		
	20a, ACCIDENT	WAS UNDERLYING TING CAUSE OF DEA	20b.	OESCRIBE HOW INJUR	Y OCCUI	REO. (Enter nature of	f injury in E	Part I or Part II o	f Item 18.			
8	(IF EITHER, NO	TIFY MEDICAL EXAMI	VER)									
킰		INJURY Month, Day,	Year 20d.	NJURY OCCURRED 20		E OF INJURY (Home, fa		(City or town)	(Cour	nty) (State)		
MEDICAL	Hour a.	m. 19	While at wor	Not While	Tactor	y, street, office bidg., e	ile.)					
2				ed the deceased fro	nm 10	18 65 19	Q fo	3 18 66	. 19	tisepapest		
					7111				_,	ne date stated above.		
	22a. SIGNATU		<u> </u>	PEROPERCHENCING	iu tilat	death occurred at	ا والالبنات مكي	TOTAL CAUSES		TE SIGNED		
	ZZU OIGIMIO	" KU4 /41 E	Ela				MEO.	STAFF		-19-66		
	22c. PHYSICI	ANK			M.D.	PHYS I	DIRECTOR	PHYS.))	-49-00		
i	NAME (T	win	ILLIS,	M.D.		VAH.,	Perry	Point,	Maryl	and		
232	RURIAL CREA	ABTION 236 DATE		1 23c. NAME OF CEN	METERY.			OCATION (City, to				
	Removal (Sp	Burnal 3/22	1/66	Arlingto			Ft		a.	**		
24.	FUNERAL DIR	ECTOR	Ans	/ AODDECC	·lin	1 250 DC	C'D BY REG	ISTRAR 25b. RI		SSIGNATURE		
ΔT	RLINGTON	FUNERAL HO	VE Fai	rfax Dr.	Va		2 2 19	366 gch	arlen	Judge		
1	STITLING TOTAL	A OTHER TO	400		A CP	1 BMICII	10 10 10	1//		1 0		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use all the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be-executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deals certificals.

Page 4 may be retained by the sumpital or attending physician.

VR A15 (4) 20M 1/65

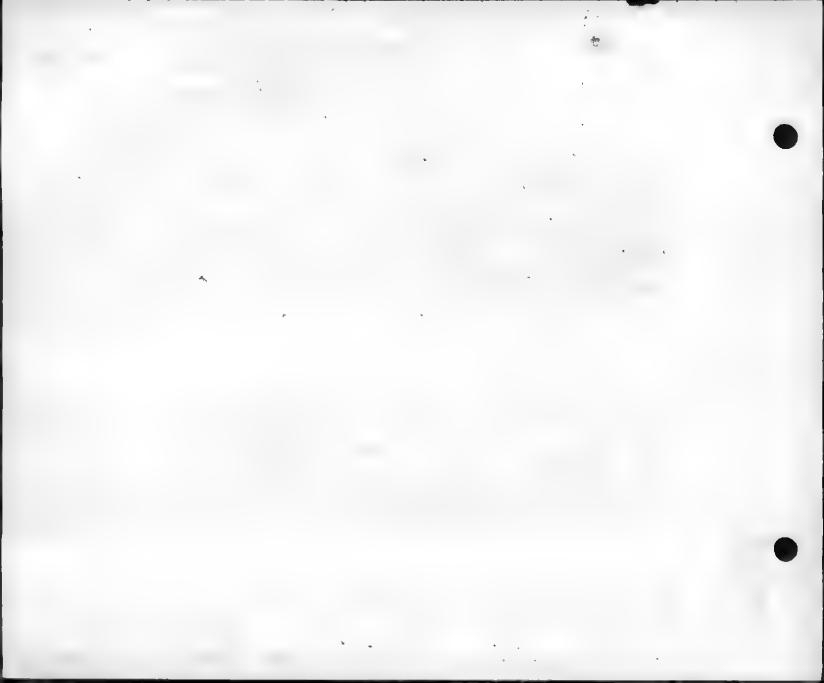


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93682 CERTIFICATE OF DEATH executed within 24 hours after death death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) b. COUNTY o. COUNTY MARYLAND transit permit. Then please remove carban papers. Pages I tremation, or removal, and in any event, within 72 hours after b CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)

HESPERIES AS E COMMENT OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) CLENGTH OF STAY IN 16 CHESAPPARE IS RESIDENC ON A FARM filled BONE MIA YES NO BOHEM IA 3 NAME OF 4 DATE Year OF DEATH DECEASED Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthday) 11-26-1873 WIDOWED X DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life even fretired)

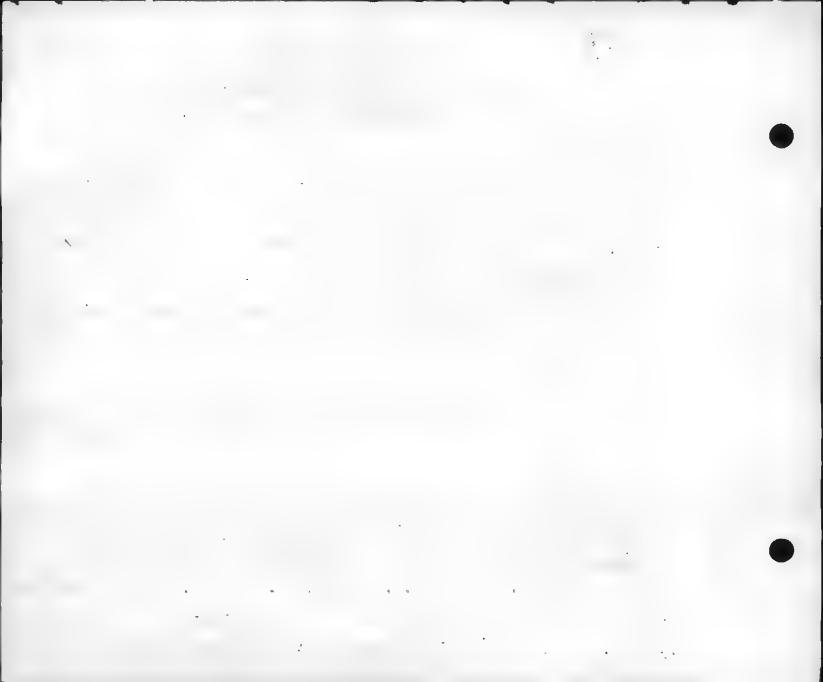
13. FATHER'S NAME SOUNTRY? physician CECIL XX D. 14 MOTHER'S MAIDEN NAME W. AITMAN SMITHERS AMAHDA 16. SOCIAL SECURITY NO IS WAS DECEASED EVER N JS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) SAN/THERS 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) buriat-transit PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) ٥ DUE TO signed l Conditions, if any, which gove) rise to immediate couse (a), stating the underlying couse as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has State Dept. of Health YES [NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH defached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. FIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) While foctory, street, office bldg., etc.) Not While While of work at wark 21. I certify that (1) (this haspital) attended the deceased from 3/69, 1966, to 3/28, 1966 that (1) (we) last 19(e (e), and that death accurred at 4. JoPM, fram causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. 22c PHYSICIANS NAME (Type) ROLANDO 22d ADDRESS M.D. (County Ec/ (Stote) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (Specify) 24 NR. CHBSAPRAKE CITY 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURI BURIAL 24. FUNERAL DIRECTOR VR A15 (4)

20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03683 CERTIFICATE OF DEATH funeral and 2 PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE after completely filled in by the factories. Pages 1 event, within 72 hours after Ceci MARYLAND and C. LENGTH OF STAY IN 16 CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours Years Elkton. Md West Pulaski d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Union Hospital Elkton YES NO se within 3. NAME OF Day First Middle Last DATE Mon th Year DECEASED Samuel 1 compl (Type or print) Somers DEATH 1966 March executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. DATE OF BIRTH 9. e, 7. MARRIED NEVER MARRIED last birthday) | Months remp ramy Hours Male White 894 WIDOWED J DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA physician during most of working life, even if retired) INDUSTRY COUNTRY? ease U.S.A 00.0 100 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending permit. Then Anthony Somers Stacy Rosis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) 216-07-2650 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transil burial, crem PART I. DEATH WAS CAUSED BY: Carcinoma of Prostrate with IMMEDIATE CAUSE (a) signed DUF TO Cenditions, if any, which been gave rise to Immediate the r to DUE TO cause (a), stating the as the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health this certificate I detached for use te Dept. of Health PERFORMED? YES NO X 2Da. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING P After at work at work p.m. P 21. I certify that (I) (this hospital) attended the deceased from 1966. that (I) (me) last DIRECTOR: Jage 3 should lied with the and that death occurred at 11 the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. STAFF PHYS. 3/8/66 M.D. DIRECTOR Page 4 may PHYSICIAN'S NAME (Type) ADDRESS O FUNERAL 22d. director, p should be f ames BURIAL, CREMATION, 23b. CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Bo FUNERAL DIRECTOR VR ALS 2DM

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please arrive carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISIO	N OF STATI	STICAL	MAK! RESE	rland Stat Arch and Re	CORDS	PARIMENI OF 5, 301 W. PRESTO	HEAL N STRE		ORE 1. N	IARY	LAND	.♥
	03689	4			CERTIF		•		5		i ()	74	
1.	LACE OF DEATH						2. USUAL RESIDENC	_ ,				before as	ថ្មី៕ission)
		Cecli			MAR	YLAND :	a. STATEWV	irgin	ia b. co	Jeffers	son	V	/
b	O. CITY OR TOW	N (if outside co and give neare	rporate lim	Its,	c. LENGTH OF ST		C. CITY OR TOWN (IF	outside co	orporate limits,	write RURAL	and gli	ve neare:	st town)
Perryville			3 Mo. 20 days			Charlestown,				4			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS					B. IS RES ON A I	SIDENCE FARM?	
		pital, P	erry I	oint					red Str				NO KO
1 (NAME OF DECEASED Type or print)		First EMOR	-		TONE	Last		H March	24	Day		66
5. 8			RACE 7. M	ARRIED	MEVER MARRI	ED 🔲	B. DATE OF BIRTH	9). AGE (in yea last birthda	rs IF UNDER	1 YEAR Days	IF UNDER	R 24 HRS
	ale	White		DOWED			7-17-90		12 yrs	.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewarti Race track				DR	11. BIRTHPLACE (County & State, or foreign country) 12. CC			DUNTRY	OF WHAT				
13.	FATHER'S NAM	E					14. MOTHER'S MAID						
		STONE (CLARA WH	THE (Decease				
(Yes,	no, er unkown)	VER IN U.S. ARN (If yes give war or	ted FORGES dates of service	ce)	SOCIAL SECURITY N	1	INFORMANT	-		iress			
-	Yes	WW I		1 4	1-24-4256		Mospital r	ecord	s, Perr	y Point			
	18. CAUSE OF DEATH [Enter only one cause per line for (a). PART I. DEATH WAS CAUSED BY: Rroncho						D43-43			ONS	RVAL BE	DEATH	
Н	IMMEDIATE CAUSE (a)			Bronchopneumonia			, bliateral			1.	-10	days	
	T Conditions, if a Rave rise to		DUE TO	Mul	tiple In	farct	of Brain	(Stro	kes)		5.	-6 m	08
1	cause (a), stating the underlying cause last. DUE TO			Cerebral Arterio			sclerosis			5-6 mos			
OI I	PART II, OTHER S	IGNIFICANTOO	IDITIONS C	ONTRIBU	TING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN	IN PART 1(a)	19.	WAS AU PERFOR	JTOPSY MED?
TICA.										s 🕣	NO 🗌		
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLY!! NG □ CAUSE OF IFY MEDICAL E	NG () F DEATH XAMINER)	200.	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	injury in i	Part I or Part I	I of Item 18.	.)		
MEDICAL	Oc. TIME OF I	NJURY Month,	Day, Year		NJURY OCCURRED	20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f.	(City or town)	(Cou	inty)	(3	State)
MEC.	p.n		19	While at work	Not While at work								
ш					ed the deceased			_	March	,	,	eout i	
-	22a. SIGNATUR		10000	0000	000000000	and that	death occurred at 7	30pM, f	rom the caus	es and on the			above
) (resp	the		M.D		MED. DIRECTOR	STAFF PHYS.		25/6		
	22c. PHYSICIA NAME (Ty	mel	LDGRA	BEN,	M. D.		22d. ADDRESS	Αн.,	Perry P	oint, N	Mi		
	BURIAL CREM	ATION, 23b.	ATE THERE	OF 6	23c. NAME OF C				OCATION (City			(tate)
24/	FUNERAL BRE	CHORE STATE	DER,		ONTAPPRESOU			D BY REG	erlesto	REGISTRAR'	SSIGN	ATURE	
H	OME, Ch	arlest	own,	W . 1	1a. Havu	delhe	CIED DAKEAR	28	1966	Charle	2	udge	,
-											0	0	

VR AI5 (4) 20M 1/65

ξ υ. est to the terms of the second -1 -1 1 1... 327 0 as ex : The ar att) the second F e e L. Marte en e e e e e e e e e e e e

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death 24 hours after death. 1. PLACE OF DEATH
a. COUNTY CCIL 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Cecil sician and completely filled in by the 1 lease-temove carbon papers. Pages 1 and pagy event, within 72 hours after MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 6 weeks North East Elkton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS Union Hospital No.C PHYSICIAN: The law requires that the death certificate be executed within the hospital or attemding mysician. 3. NAME OF First Middle Last 4. DATE Month DECEASED VINCENT 1966 SWEET March 12 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED XX NEVER MARRIED Mala White Sept. 13, 1890 WIDOWED . OLVORGED (nding physician a Then please Te removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1 L. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? Railroad Cecil County, Maryland USA Clerk 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Sweet unknown 205 Wooddale Ave 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes po, or unkown) (If yes give war or dates of service) Mrs. Gladys S. Boucher New Castle, Del INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: arcinoma IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to Immediate **DUE TO** cause (a), stating the as the underlying cause last. certificate has WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? CERTIFICATI NO X YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) this certification detached for the Dept. of 1 MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Not While While After TO HOSPITAL OR ATTENDING Page 4 may be retained by at work at work 21. I certify that (this hospital) attended the deceased from 1965 to March 19 (we) last Q director, page 3 should should be filed with the saw the deceased alive on March 19 Let and that death occurred at 10 MM, from the causes and on the date stated above. DATE SIGNED 22a-SIGNATURE 3/12/66 ATTENDING PHYS. STAFF PHYS. M.O. DIRECTOR ADORESS YSICIAN'S 22c. S. Barnhart Jr. Jay North East. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial 3/14/66 North East Methodist North East. Md. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. North East, Md. VR A15 (4) 15M 4-64



death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page ATTENDING PHYSICIAN: To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complemental director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the filled with the State Dept. of Health prior to burial-transit permit. And in any event, within 72 hours after death.

MARYLAND STATE

DIVISION OF STATISTICAL RESEARCH AND RECO

CERTIFIC

MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
CERTIFICATE	OF DEATH		03676

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)								
* CECIL MARYLAND	S. STATE MARYLAND CE	CIL							
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva nearest fown)							
write RURAL end give neerest town) RISING SUN IYR	RISING SUN	07-1							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE							
	E. MAIN	YES NO							
3. NAME OF First Middle	Lest 4. DATE Month	Dey Year							
(Type or print) TODO HUNTER	WALLACE DEATH MARCH	15 1966							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I Y								
MALE WHITE WIDOWED DIVORCED	SAN, 31, 1965 last birthdey) Months Di	Bys Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY							
Construction of Working they aven in territory	RISING SUN, MO,	USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	KAY V, WALLACE								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werendetes of service)	INFORMANT Address								
(in the state of t	KAY V, WALLACE RISING	SUN, M.							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Broncho	pheumonia	2 200							
DUE TO									
Conditions, if any, which \ (b)									
gava rise to immediate cause									
cause last. (c)	(v), saing the underlying								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY								
ATA		YES NO							
	D. (Enter neture of injury in Pert I or Pert II of item 18.)	1 10 10							
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER									
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 201. (City or town) (Count	y) (Stete)							
last most arm,	tory, street, office bldg., etc.)								
21. 1 certify that (I) (this hospital) attended the deceased from 3. 1. 1. 1. 1966 that (I) (we) last									
saw the deceased alive on									
228. SIGNATURE	ATTENDING MED. STAFF	226, DATE							
I one k Tankox	A.D. PHYS. DIRECTOR PHYS.	3-15-6							
22c. PHYSICIAN'S NeilR Taylor 50m.	o Rising Sun, Md.								
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY (23) LOCATION (City, town or county)	(State)							
BURIAL 3/17/66 WEST NOTTI	NCHAMCEM, COLORA	MO.							
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SI								
talph m Red, of wing sun	, md MAR 16 1956 felianles	Judge							

VR A15 (4)

Bronchop neumonia

3 15-66

2 days

(lebeth)

1- 18 3-14 EP

musife Farles Dans Rising Sun, Md.

VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

USBAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO X YES Month 1966 March 6 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Address Rolling th East Md. INTERVAL BETWEEN ONSET AND DEATH 10 min 6 months PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IX YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) (County) and that death occurred at 3 A. M. from the causes and on the date stated above. 22h. DATE SIGNED 66 LOCATION (City, town or county) (State) North East, Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Main St Grant Funera East. Md DAREA

llor with the last terms of th Journal of AND THE COLLEGE ob er are orange and the contract of the second A THE ME TO WAR IN THE PARTY OF . I the literal and promise successive